

LEW RENTS WEST, INC

405 MC PHEE RD SW

OLYMPIA, WA 98502

Phone (360) 357-3314 FAX (360) 357-9216

APPLICATION FOR CREDIT

Business Name _____ Phone _____

Address _____ City, State _____ Zip _____

Email address _____ FAX _____

Preferred billing method FAX EMAIL US MAIL (Please circle one)

____ Corporation	Federal ID or SS #	Date Business	Washington contractor
____ Partnership		Started	Registration#
____ Proprietorship	_____	_____	_____

Names and Titles of Officers, Partners or Principals

Name	Address	City, State	Title
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Credit References (Local Preferred)

Name	Address	City, State	Telephone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

The following persons are **AUTHORIZED TO CHARGE to your account**. You are responsible for updating this list as changes occur.

1. _____	3. _____	5. _____
2. _____	4. _____	6. _____

The applicant for credit is completely responsible for protecting this account against extraneous charges by unauthorized people. If it is desired that Purchase Orders be accepted as proof of authorization, **Lew Rents West** must be notified in writing.

YOU are responsible for protecting **YOUR** account.

I (We) promise to pay each invoice in full within thirty (30) days of the date of invoice, or as specified in terms and conditions of a separate written contract. If, however, this account is not paid as agreed, a delinquency charge shall be compounded at the rate of 18% per annum on the unpaid balance or at the highest rate of interest allowed by applicable law, for loans or forbearance of money, whichever is less; provided, said charges shall be computed at a rate not less than 12% per annum. We agree to give written notice to LEW RENTS WEST prior to the sale or transfer of all or substantially all of the stock or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid charges accrued by the buyer or transferee of the business. If this account is placed in the hands of a licensed collection agency, I (We) then agree to pay LEW RENTS WEST an amount equal to the amount charged them on said collection by such collection agency, not to exceed 35% of the amount unpaid thereon, together with such reasonable attorneys fees as may be incurred in connection with collection. LEW RENTS WEST may place venue in the superior court of King or Pierce County, Washington and the prevailing party shall be awarded its taxable costs.

This agreement is governed by State of Washington Law, without regard to conflict of laws.

I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge. You are hereby authorized to contact any or all of the above references as well as order credit information on the business and/or principals regarding our credit standing.

I understand and agree to the terms and policy outlined above:

Dated _____ Name _____

Signed _____ Title _____

If the applicant is tax exempt, a certificate of exemption must accompany this application. Per WAC 458-20-211 tax must be paid on rental of equipment. Unless a special exception applies.

GUARANTY OF PAYMENT

In order to induce LEW RENTS WEST to accept the annexed application for credit, the undersigned (if more than one, jointly and severally) hereby unconditionally guarantees to LEW RENTS WEST, its successors and assigns, payment of all charges, to include, among other things, rental charges, delivery charges, cleaning charges, damage charges, and other charges which may become due and payable under the terms of the application for credit and individual rental contracts. In the event of default in payment by the applicant for credit, the undersigned agrees forthwith, to pay said amounts to LEW RENTS WEST, its successors and assigns, without further notice whatsoever. The obligation created hereunder shall constitute a primary and not a secondary as interpreted according to the laws of the State of WASHINGTON.

Dated _____

Guarantor:

Name _____

Signature _____

Address _____

Social Security number _____