# Hometown Equipment Rentals, Inc.
# P.O. Box 770
# Santa Fe, Texas 77518
# Office (409) 925.0100  Fax (409) 925.7746

Company Name _____ Date Started _____
Phone # (  ) _____ Fax # (  ) _____
Mailing Address_____ City _____ State _____ Zip _____
Physical Address_____ City _____ State _____ Zip _____
Type of Business _____
Related Companies / dba _____
Headquarters Location _____
Person to Contact Regarding Accounts Payable _____
Check One: Corporation _____ Partnership _____ Individual _____
EIN Number _____SS #_____

List of Credit References:

| Name | Phone# | Fax# |
|---|---|---|
| Name | Phone# | Fax# |
| Name | Phone# | Fax# |

List of Complete Names Of All Officers:

Name _____ Title _____

Name _____ Title _____

Who Is Authorized To Sign Indebtness Forms and Contracts?

| Name | Phone# | Fax# |
|---|---|---|
| Name | Phone# | Fax# |

Bank Reference:

| Name | Address | Phone# | Account# |
|---|---|---|---|
| Name | Address | Phone# | Account# |

Financial Statement Available? YES_____ NO_____ Please Fax Current Copy

Purchase Order Required? _____ Job Number? _____ Release Number? _____

Taxable? _____ Non-Taxable? _____ Permit #? _____

**(If Applicable, Please Fax Exemption Certificate)**
**If Applicable, Please Fax Proof of Damage Waiver Insurance With This Application**

I Authorized Release Of Any Information Necessary To Process This Application

Signature

Printed Name

Title Date