

**Lake Oconee Rental**  
645 Old Phoenix Road  
Eatonton, GA 31024

phone: 706.848.0496 fax: 706.484.2312 repair: 706.484.2210

**Company Information**

Business

Name \_\_\_\_\_

Billing

Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Years in business \_\_\_\_\_ At this address \_\_\_\_\_ Credit line requested \$ \_\_\_\_\_

Accounts Receivable \_\_\_\_\_ phone \_\_\_\_\_

Tax Exempt? \_\_\_\_\_ Tax Exempt number \_\_\_\_\_ (please attach copy of paperwork)

Social Security Number or Federal ID number \_\_\_\_\_

PO # required? \_\_\_\_\_ Jobsite required? \_\_\_\_\_

Persons authorized to sign for and/or receive property on your or your business's behalf

\_\_\_\_\_  
\_\_\_\_\_

**Bank References**

Bank Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_

Types of Accounts \_\_\_\_\_ bank contact person \_\_\_\_\_

**Trade Credit References**

1.

Company \_\_\_\_\_ contact \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

2.

Company \_\_\_\_\_ contact \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

3.

Company \_\_\_\_\_ contact \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_

In consideration of credit being extended by Lake Oconee Rental, Inc. to me/us/it, I and/or we certify the truthfulness and veracity of the statement above, and I and/or we guarantee and bind ourselves to the faithful payment of all amounts purchased or now owing, by us or either of us, or any person, firm, or corporation for our benefit. If credit is extended to a corporation in which

we, or either of us, or I am officer, or in which and interest exists, I and/or we will personally guarantee payment of all credit extended to the said business or corporation.

I and/or we agree to pay our invoices according to your terms of net 10th of the month following the month of purchase. I and/or we agree to pay a service finance charge of 1 1/2 % per month (\$0.50 minimum) on all past due invoices outstanding at the closing of your books at month end following the month of purchase. All accounts classified as past due at this time will be placed on a COD basis until the account is returned to a current status and/or the account is re-evaluated.

There will be a return check fee of \$35.00 for all checks returned by the bank for any reason.

In the event this account is placed in the hands of an attorney for collection or suit instituted to collect same or portion thereof, I and/or we agree and promise to pay reasonable attorney's fees and collection cost, and agree that in the event suit is filed, venue will be in Putnam County, Georgia.

Purchases and /or deliveries are herewith authorized to be made without signature.

Guarantor and Pledge

Signature \_\_\_\_\_

This is a personal guarantee. Please do not use corporate title, name, or seal, or this application cannot be processed. If general partnership, all partners must sign personal guarantee.