



8314 Hwy 182E. Morgan City, La 70380
Fax# 844-429-7709 Email: sales@blackfinequipment.com

Date: _____

Firm's Legal Name: _____

Ph# (____) _____

Trade Name: _____ Fax# (____) _____

Street: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Business Type: _____ Tax Exempt: Yes or No # _____

Corporation: _____ Partnership: _____ Limited Partnership: _____ Proprietorship: _____

Date Started: _____ If incorporated, state in which incorporated: _____

Principal owners or stockholders:

Name: _____ Address: _____ Title: _____

Po's Required Emailed Invoices Mailed Invoices

AP Contact: _____ PH# _____ Email _____

TRADE REFERENCES

Name Street City / State Phone / Fax

Federal ID Number _____

Name of Bank

Phone

Street Address

Acct. Number

City

State

Zip

THE UNDERSIGNED SUBMITS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT, REPRESENTS AND/OR AGREES AS FOLLOWS.

1. All the information submitted in the application is true and correct to the best of knowledge, information and belief of the applicant.
2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Blackfin Equipment Rentals, LLC.
3. If credit is extended, the undersigned personally and unconditionally guarantees payment for all invoices, service charges, and cost of collections.

Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Blackfin Equipment Rentals, LLC.

DAMAGE WAIVER

If approved charge customer accepts damage waiver, they shall pay sixteen percent (16%) of the total amount shown in the rental column of invoice. If approved charge customers reject damage waiver, they must furnish Blackfin Equipment Rentals, LLC. with a certificate of insurance, or sign a written corporate responsibility agreement which states that they have the necessary coverage and should a loss occur, equipment would be covered.

RENTAL RATES

All rental rates are based on eight (8) hours daily, fifty-six (56) hours weekly, and two hundred twenty-four (224) hours monthly. All monthly are calculated and invoiced on a twenty-eight (28) day billing cycle. Overtime charges maybe applied.

If further information on our damaged wavier or rental rates policy should be required, please contact our office for a more detailed to be forwarded to you.

Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with our terms of net 30 days from invoice date. Should it become necessary to place this account in collections, I / we agree to pay all collection costs and attorney fees. I / we also agree that if partial payments are made or no payment is made on the account within the terms specified that you have the right to assess and I / we agree to pay "finance charges" computed by applying a periodic monthly rate of 1 ½ % to the past due balance. This is an annual percentage rate of 18%.

Company Name _____ Date _____

Signature _____ Title _____

Print Name _____ Witness By _____

OFFICE USE ONLY

APPROVED: _____ REJECTED: _____ PERESONAL GUARANTY SIGNED: _____ REJECTED: _____