

Company Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ FAX () _____

Owner's Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: () _____ Owner's Social Security # _____

Bank: _____
 Address: _____
 Account Number: _____
 Type of Account: _____

CREDIT REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____
Account Number: _____	Account Number: _____

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: () _____	Phone: () _____
Account Number: _____	Account Number: _____

Is a purchase order required? Yes _____ No _____
 Is a job name or number required? Yes _____ No _____
 Are only certain persons authorized to charge to your account? If so, list them below.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Terms: Our terms are net 30 days from the date of invoice. Balances over 30 days are subject to finance charges of 1.5% per month (18% annual rate). Any account 90 days past due will be cut off and no further rentals or sales will be permitted until the account is brought current. I hereby agree to the terms and policies, of Harvey's Rent-All and agree to abide by them. The above information is true and accurate to the best of my knowledge, and I hereby authorize the release of my credit history and information by the above-mentioned creditors to Harvey's Rent-All.

Signature: _____
 Please print name: _____
 Date: _____

Please return application form to:
 Harvey's Rent-All
 1409 S. George St.
 York, PA 17403

<p>ACCOUNT OPENED For office only</p> <p>DATE: _____</p> <p>CREDIT LIMIT: _____</p> <p>APPROVED BY _____</p>
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Telephone - 717.845.2789 FAX - 717.852.0014