

BUSINESS CREDIT APPLICATION



6315 W Highway 146
Crestwood, KY 40014
www.skye.rentals
502-678-SKYE

Thank you for choosing Skye Equipment Rentals! We are excited to serve you.
Please fill out the application below to apply for a line of credit and set up your account preferences.

COMPANY INFORMATION

| | |
|---|-----------------------------|
| Business Name: | Date Opened for Business: |
| Estimated Annual Sales: | Credit Amount Requested \$: |
| Federal Tax ID (FEIN) #: | Duns #: |
| Business Phone: | Street Address: |
| CHECK ONE: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit | |

BUSINESS OWNER(S) INFORMATION

| | |
|--------------------|--------------------|
| Owner Name: | Owner Name: |
| Title: | Title: |
| Drivers License #: | Drivers License #: |
| Phone: | Phone: |

ACCOUNTING INFORMATION

| | |
|--|--|
| Accounts Payable Name: | Accounts Payable Email: |
| Accounts Payable Phone: | |
| Purchase Order # Required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Job # or Job Location Required? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Tax Exempt? YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, completed exemption form MUST be attached) | |

| BANK REFERENCES | | |
|-------------------|-------------------|-------------------|
| Institution Name: | Institution Name: | Institution Name: |
| Account #: | Account #: | Account #: |
| Account Type: | Account Type: | Account Type: |
| Contact Name: | Contact Name: | Contact Name: |
| Phone: | Phone: | Phone: |

| TRADE REFERENCES | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

APPROVED CUSTOMERS WILL RECEIVE INVOICES EVERY 28 DAYS. ALL INVOICES ARE DUE ON RECEIPT.

SIGNATURE

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

| | |
|---------------|--------|
| Printed Name: | Title: |
| Signature: | Date: |

Please email your signed form to:

customerservice@skye.rentals

note: there is no ".com" at the end

Thank you!