



► You May Fax This Application to: (706) 324-1109 ◀  
 5310 Veterans Parkway • Columbus • Georgia • 31904  
 Phone 324-7368 • Fax 324-1109 • email@rayrents.com • www.rayrents.com

# APPLICATION FOR PREFERRED CUSTOMER CASH ACCOUNT

Please Print and Complete All Information Fully.

**PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW:**

**TYPE OF BUSINESS:**

ACCOUNT ENTITY NAME: \_\_\_\_\_

\_\_\_\_\_ CORPORATION

PRIMARY CONTACT OFFICER OF BUSINESS OR ENTITY RESPONSIBLE FOR THIS ACCOUNT

\_\_\_\_\_ PARTNERSHIP

\_\_\_\_\_

\_\_\_\_\_ INDIVIDUAL

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TYPE OF BUSINESS OR ENTITY: \_\_\_\_\_

If Tax Exempt, Certificate of Exemption Must Be Attached TAX ID NUMBER(S) FEDERAL: \_\_\_\_\_ STATE: \_\_\_\_\_

BUSINESS LICENSE NUMBER: \_\_\_\_\_ STATE & COUNTY OF LICENSE WHERE WITHIN: \_\_\_\_\_

OWNER(S), PARTNERS, OR PRINCIPAL OFFICERS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOC SEC # \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOC SEC # \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOC SEC # \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

NAME OF ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

PURCHASE ORDER REQUIRED ON YOUR INVOICES? YES: \_\_\_\_\_ NO: \_\_\_\_\_

**OTHER INDIVIDUALS ALLOWED TO USE THIS ACCOUNT:**

BELOW IS THE LIST OF NAMES OF EMPLOYEES AND/OR ASSOCIATES ALLOWED TO USE THIS ENTITY ACCOUNT.

(1) \_\_\_\_\_ (6) \_\_\_\_\_

(2) \_\_\_\_\_ (7) \_\_\_\_\_

(3) \_\_\_\_\_ (8) \_\_\_\_\_

(4) \_\_\_\_\_ (9) \_\_\_\_\_

(5) \_\_\_\_\_ (10) \_\_\_\_\_

ALL AUTHORIZED INDIVIDUALS MUST SHOW CURRENT IDENTIFICATION PRIOR TO TRANSACTION. RESPONSIBLE PARTY MUST INFORM RAY RENTS INC. IN WRITING TO CHANGE THE AUTHORIZED PERSONS ON THIS ACCOUNT.

**THIS ACCOUNT IS CREATED AS A CONVENIENCE FOR OUR CUSTOMERS. THIS IS NOT A FORM OF CREDIT. THE SIGNEE BELOW ASSUMES ALL RESPONSIBILITY OF EQUIPMENT. CUSTOMER IS RESPONSIBLE FOR KEEPING ALL INFORMATION CURRENT.**

This applicant and the signatory for the applicant represent and warrant the above information is true, correct and complete. We acknowledge that such information will be relied upon by Ray Rents, Inc. and realize that any failure to completely and accurately disclose the information requested will comprise any rental and will constitute a breach of any agreement. The applicant authorizes Ray Rents, Inc. to rent equipment to the individuals listed above. The applicant is responsible for all of the above listed individuals on this account for the invoices they order, for payment of those invoices, and for the safe return of Ray Rents Inc. property rented by those individuals on this account. Non-payment will be turned over for collection which will be reported on your credit.

SIGNATURE \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**COPY OF OWNER/PRESIDENT/RESPONSIBLE PARTY'S DRIVERS LICENSE MUST BE ATTACHED TO APP.**

