OAK GROVE RENTAL INC

HARRIS RENTAL & SALES
BLUE SPRINGS

Application for Pay on Return Account

Complete **both** pages of this application and return via email to trevor@oakgroverental.net (preferred)
fax to 816-690-6811 or in-person.

Customer Information:

Firm Name _____

Street Address _____ City _____ State ____ Zip _____

Billing Address _____ City _____ State ____ Zip _____

Telephone # _____ Fax # _____Email_____

Business Type: Corporation _____ Proprietorship _____ Partnership _____ Government _____

If Proprietorship or Partnership, list owners' names, addresses and Social Security # **(REQUIRED)**:

Name _____ SS #: _____

Name _____ SS #: _____

If Corporation, please complete the following section:

Federal ID #: _____ State of Incorporation _____

Principal Stockholder _____

Social Security number **(REQUIRED):** _____

Home Address _____ Home Phone # _____

City _____ State _____ Zip _____

Application for Pay on Return Account

Purchasing Requirements:

Person to contact about this account: _____

Title/Position: _____ Phone #: _____ Email _____

List anyone who is authorized to charge on this account:

_____; _____; _____

_____; _____; _____

_____; _____; _____

Do you require: (Check all that apply)

PO Number _____ Job Number _____ Job Address _____

Other (please explain) _____

Terms of this Agreement

This agreement allows any of the above Authorized Signers to initiate a rental contract under the Customer name. Customer agrees to treat any such contract signed and approved by any Authorized Signer as if the Customer signed themselves. Customer agrees to be fully responsible for all charges incurred, safe & timely return of all equipment & to be responsible for any damages as normal. Oak Grove Rental will collect payment in full upon return of each rented item.

Customer is solely responsible for updating this list & providing timely updates to Oak Grove Rental in writing as needed. Oak Grove Rental will collect payment in full upon return of each rented item.

Signature _____ Title _____

Print Name _____ Date _____