



ALLIED

TRAFFIC & EQUIPMENT RENTALS, INC.

APPLICATION FOR CREDIT

Date _____

Business Name _____ Years in Business _____

Mailing Address _____

State _____ Zip _____ Phone # _____ Fax# _____

Federal I.D.# _____ Contractors Lic # _____ Exp.Date _____

Type of Business _____

Type of Organization: Sole Prop. Partnership Corporation

Name(s) Address(es) of Owners, Partners or Officers:

Name	Address	Title

Name	Address	Title

CREDIT REFERENCE:

Bank: _____ Phone# _____ Contact: _____

Checking Acct# _____ Branch _____

TRADE REFERENCES:

1) _____ Phone# _____ Fax # _____

2) _____ Phone# _____ Fax # _____

3) _____ Phone# _____ Fax # _____

Does your Company Require Purchase Order Numbers: YES NO

ALLIED TRAFFIC & EQUIPMENT RENTALS, INC. COMPANY'S TERMS: NET 30 DAYS OR C.O.D As the Owner, Officer or Manager in the authority of obligate, please sign and print your name, title and date below.

SIGNATURE

TITLE

DATE

PRINT NAME

RENTALS - SALES - INSTALLATION - TRAFFIC PLANS - CUSTOM SIGNS



ALLIED

TRAFFIC & EQUIPMENT RENTALS, INC.

AUTHORIZATION TO RELEASE BANK INFORMATION

DATE: _____

Bank Name: _____ Contact: _____

Phone #: _____ Fax #: _____

Address: _____
City State Zip

IN ORDER TO ESTABLISH A LINE OF CREDIT WITH ALLIED TRAFFIC & EQUIPMENT RENTALS, INC., WE ARE AUTHORIZING YOU TO RELEASE OUR BANKING HISTORY.

Our Checking Account Number Is: _____

THANK YOU FOR YOUR PROMPT REPLY TO THIS REQUEST.

Name / Title: _____

Phone #: _____

Company Name: _____

Address: _____
City State Zip

Authorized Signature: _____