



Consulting, Equipment Rentals & Sales

Restoration Coach – South
305 Mountain Drive, Ste. D-1
Destin, FL 32541

Restoration Coach - North
911 E Central Ave.
West Carrollton, OH 45449

1-800-560-7903 Fax 937-550-9193

CONFIDENTIAL CREDIT APPLICATION

(Please print clearly)

Legal Name _____ Office: (____) _____

Contact _____ E-Mail: _____ Mobile: (____) _____

Name of Parent Company, if Subsidiary _____ Fax: (____) _____

Business Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Type of Business _____ Year Business Established _____

Of Years at current location _____ Own or Rent _____ # of other locations _____

___ Proprietorship ___ Partnership ___ Corporation Fed. ID # _____ Business License # _____

Owner or Chief Corporate Officer _____ Soc. Sec. # _____

Authorized Rental Agents _____

If placing monthly payments on automatic withdraw or paying with credit card for future rentals:

Business Credit Card # _____ Visa or Master Card _____ Exp. Date: ____ / ____

Applicant Signature: _____

Printed Name: _____ Date: _____

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Principal Officers/Owners

1) _____ Phone (____) _____

Home Address _____ City: _____ State: _____ Zip: _____

2) _____ Phone (____) _____

Home Address _____ City: _____ State: _____ Zip: _____

Bank Reference(s)

1) _____ Address _____

Contact _____ Phone Fax (____) _____ Fax (____) _____

2) _____ Address _____

Contact _____ Phone (____) _____ Fax (____) _____

Credit Reference

1) _____ Address _____

Contact _____ Phone (____) _____ Fax (____) _____

2) _____ Address _____

Contact _____ Phone (____) _____ Fax (____) _____

3) _____ Address _____

Contact _____ Phone (____) _____ Fax (____) _____

The undersigned has given the above information for the purpose of obtaining credit and represents that said information is accurate and complete. THE UNDERSIGNED AGREES TO PAY FOR SUCH MATERIALS AND/OR SERVICES WITHIN 30 DAYS FROM THE DATE OF THE INVOICE. The undersigned understands that a service charge of 2% is charged each month for past due amounts. In the event of default the undersigned agrees to pay attorney’s fees and other costs incurred in collections. It is specifically understood that accounts receivable and credit functions are processed through our office in Spring Hill Florida. Consequently, it is understood that venue in any legal action, shall take place in Spring Hill, FL, at the option of A1A Restoration & Consulting, LLC (DBA Restoration Coach) Applicant authorizes the above credit referenced to release to A1A Restoration & Consulting, LLC information concerning Applicant’s credit history and credit worthiness. This agreement shall remain in effect 5 years or as long as the undersigned shall remain indebted to A1A Restoration & Consulting.

_____	_____	_____
Applicant Signature	Printed Name	Date

(Office use)
References checked by _____ Date _____ approved Yes No Credit application (w)
04/08