



of Atlanta

of Huntsville

COMMERCIAL ACCOUNT APPLICATION

Please mail or fax completed applications to:

Bobcat of Atlanta 6972 Best Friend Rd. Atlanta, GA 30340 Attn: Credit Dept. Phone: (770) 242-6500 Fax: (770) 242-0622

Email: ar@bobcatofatlanta.com Website: www.bobcatofatlanta.com Please mail payments to:

Bobcat of Atlanta PO Box 745752 Atlanta, GA 30374-5752

GENERAL INFORMATION:			Internal Use: Mail Code			
Business Name (Full Legal 1		Fed Emp. Id#				
Billing Address						
City	County	State		Zip+4		
Phone #	Fax		Cell #			
Shipping Address (If Differe	ent from Billing Address)					
City	County	State		Zip+4		
Nature of Business		ected Monthly Charges \$	In Business Since			
BUSINESS TYPE: Corporation	on () LLC () Municipality () Edu	ucational () Government ()			
Incorporated State of	Date of Incorp	oration//	Fed Emp. Id#			
Officer Name		Title				
First Officer Name	Middle initial Last					
First Officer Name	Middle initial Last					
First	Middle initial Last					
Partne	ership () LLP () Other (specify)		_			
Partners:			Fed Emp. Id#_			
Name	Title	SS#		Date of Birth//		
Address (Street)	_County	City	State	Zip+4		
Name	Title	SS#		Date of Birth/_/		
Address (Street)	County	City	State	_Zip+4		
Individ	ual () Proprietorship () Guarantor ()					
Owner/Name		SS#		Date of Birth//		
First Address (Street)	Middle initial LastCounty	City	State	_Zip+4		
Phone #	Fax #		Cell #			
Nature of Business		In Business Since				
	ed: Yes () No () P.O. # Required: Yes (lid Certificate Must Be Attached.		
Accounts Payable Contact:		Phone #E-Mail:				
Have You Been in Busines	ss Before? Yes () No () If Yes, Specify_					
Are You A Customer of A	nother Division of Berry Companies, Inc.: 1	If Yes, Please Indicate Where	e			

Phone #				
Note: If you plan to utilize our re				
9	Fax # ental services and do not wish to pay a physical rented or leased equipment with our company s	damage waiver charge. Please have your in as "Certificate Holder" and named as loss p	nsurance company forward a ayee or additional insured.	
BANK REFERENCE:				
Name		Contact Name		
Address	CityState		zip+4	
Phone #	Fax #	Account #		
TRADE REFERENCES:				
1> Name & Address				
Account #	Phone #	Fax #		
2> Name & Address				
Account #	Phone #	Fax #		
3> Name & Address				
Account #	Phone #	Fax #		
report consistent with applicable la The undersigned will be billed i "Company"). The undersigned agree the individual billing. Payments may purchase, unless otherwise stated o PERCENTAGE RATE) for commense fee will apply to all purchases Company may, without further not reserves the option to exercise its li expenses of collection, with or with the extent allowed under applicable. The submission of this applicant the rig undersigned or the applicant to util This agreement shall be governed	ontinuation of the trade account represented by this w. Individually for each purchase made on the accountees to pay the billed amount before the 10 th of the ray not be deferred. The undersigned agrees that, if in the individual billing, late-payment fees will be cercial trade accounts. The late-payment fee may be made after the effective date of the adjustment. If ice of demand, exercise all rights and remedies avaiten rights at any time in accordance with applicable to the adjustment and set in or the allowance of the undersigned or the application of the allowance of the undersigned or the application of the utilize a trade account in the future. The Combine at trade account at any time, with or without not by the laws of the State of Kansas, but, unless the in effect from time to time ("KCPA"), the provision	t with Berry Companies, Inc. and/or its subsidementh following the month of the purchase (Nother billed amount is not paid the last day of the charged on the overdue balance at a periodic rest adjusted by the Company upon thirty (30) day the undersigned fails to pay the entire unpaid buildable by law for the collection of the balance elaw to secure collection of amounts due. The on, including but not limited to court costs, atto everal. And to utilize a trade account with the Company pany may in its sole and absolute discretion effice. undersigned is a "consumer" with the meaning	iaries, affiliates and divisions (the et 10 th Prox), unless otherwise stated on ne month following the month of ate of 1.5% per month (18% ANNUAL ys written notice to the undersigned; the balance on the account when due, the due on the account and that the Compan e undersigned will be liable for all orney fees and collections agency fees to y does not guarantee or give the extend or withdraw the ability of the	
Note: DO NOT SIGN THIS AGE	REEMENT BEFORE YOU HAVE READ THE	AGREEMENT IN ITS ENTIRETY.	ient of the parties hereto.	
Your Name (Please Print)		11tle	Date/	

Note: The Federal Equal Credit Opportunity Act prohibits creditor from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant in good faith exercised any right under the Consumer Protection Act. The Federal Agency that administers compliance with this law concerning this credit is the Federal Trade Commission, 1405 Curtis St., Suite 2900, Denver, CO. 80202.