



### 1. CUSTOMER INFORMATION

Full Legal Name	Phone Number	Fax Number	
Present Physical Address			
Billing Address	City	State	Zip

### 2. EMPLOYMENT

Company Name & Address	Work Phone:	Supervisor	How Long?	Wages	Dollar Amount
				Circle One: Hourly Weekly Monthly	\$

### 3. BANK REFERENCE

Bank Name	Account #	Contact	
Address	City/State	Zip	Phone

Use either the Proprietor Authorization or the Proprietor Guaranty to authorize access to the consumer credit information of the business owner/proprietor. To determine whether you need authorization to access the personal credit information on the business owner, see "Do I need authorization to use Experian SBAR or Experian SBI?"

In the event it becomes necessary to place any balance for collection or litigation, all fees including late charges, collection fees, and attorney fees, will be paid by the customer and/or its principals.

### 4. PROPRIETOR AUTHORIZATION

By signing this Application, I authorize Ace Rental & Sales, Inc. or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Ace Rental & Sales, Inc. to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Ace Rental & Sales, Inc. and the marketing of other products and services to me and my business by Ace Rental & Sales, Inc. I further authorize Ace Rental & Sales, Inc. to share the information received from my consumer credit report with Ace Rental & Sales, Inc. parent, subsidiaries, and affiliates (and others if applicable). If I request you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all the terms of, and make all payments to Ace Rental & Sales, Inc. required by, the agreement of which this Application is a part.

First Name	Middle Name	Last Name	Social Sec #
Present Home Address		Phone	
City	State	Zip	
Authorized Signature		Date	

PERSONS AUTHORIZED TO CHARGE ON THE ABOVE ACCOUNT:

Name	Drivers License #

**FILL  
THIS  
SECTION  
OUT**