



Corporate Office:  
318 West 86<sup>th</sup> Street  
Bloomington, MN 55420  
Phone: 952-851-0800 ■ Fax: 952-851-0984  
Toll Free: 1-800-637-6665

**APPLICATION FOR CREDIT**

**From:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Individual

Years in Business: \_\_\_\_\_

Principals of Business: \_\_\_\_\_

(Owner's name(s)) \_\_\_\_\_

**Bank:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Contact \_\_\_\_\_

**References:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Contact \_\_\_\_\_

Have you, your partnership, or your corporation ever files for bankruptcy? \_\_\_\_\_

We certify that all the information on this form is correct and that we fully understand Moving Equipment Rental's credit terms and agree to proper payment in consideration of extended credit. We understand that by signing and returning this application, we authorize Moving Equipment Rental to obtain a credit bureau report on the above named individual or entity.

Signature \_\_\_\_\_ Federal ID# \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_