

## **New Customer Application Form**

Trade References – Rev. 2/07/22

Applicant's Information:			
Name:	Company Name	:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Email:	Website:		
Trade References:			
	References. No application will be acc gent if you have any questions regardi		ion is left blank.
Company:	Contact Nam	e:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Email:	Website:		
Company:	Contact Nam	e:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Email:	Website:		
Company:	Contact Nam	e:	
Address:	City:	State:	Zip:
Phone:	Fax:		
Email:	Website:		
Insurance:			
	uired for all rentals. Binders must list Ta BOTH loss payee and additional insured		
days to process for new domes	ax exempt forms, and insurance detic clients, and 5 business days to count has been authorized, we the for preptime.	process for ne	ew internation
Signature:			
Printed Name		Date:	