



www.sabrerentals.com

# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Confidential Credit Information

Phone: 604-932-5583x226 Fax: 604-932-6158 E-mail: ar@sabrerentals.com

## Business Information

Phone: _____	Trade Name _____	Customer Name (if difference from trade) _____
Mailing address: _____	Fax: _____	Years in business: _____
_____	Physical address: _____	Business Type:
City: _____	City: _____	Corporation: [ ]
Province: _____	Province: _____	Partnership [ ]
Postal Code: _____	Postal Code: _____	Proprietorship [ ]
Does the business require two signatures on payments: [ ] Yes [ ] No		
Officer Name: _____	Title: _____	Email: _____
Signature: _____		Check if Authorized to borrow: [ ]
Officer Name: _____	Title: _____	Email: _____
Signature: _____		Check if Authorized to borrow: [ ]
Insurance Company: _____	Insurance Contact Name: _____	Email: _____
		Phone: _____

## Authorized account users

(if you have more than two authorized account users, you can provide details to ar@sabrerentals.com)

Do you want the account restricted to only authorized users?

[ ] Yes [ ] No

Name: _____	Name: _____
Title: _____	Title: _____
Cell: _____	Cell: _____
Email: _____	Email: _____
Dollar limit: _____	Dollar limit: _____

## Accounting Information

AP Contact: _____	Email: _____
P.O. Required? [ ] Yes [ ] No	Phone: _____
Job #'s Required? [ ] Yes [ ] No	Other: email ar@sabrerentals.com

## Business Trade Reference

Company: _____	Company: _____	Company: _____
AR Contact: _____	AR Contact: _____	AR Contact: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

What are your rental needs: \_\_\_\_\_

**The undersigned acknowledges and agrees to the Sabre Rentals Ltd. Credit Policy and Rental Contract Terms. By submitting this application, you authorize Sabre Rentals Ltd. to make inquiries into your business trade reference that you have supplied.**

_____ Applicant Signature	_____ Print Name	_____ Date
_____ Applicant Signature	_____ Print Name	_____ Date