

Joplin Tent Rentals

1019 Oak Park Drive

Joplin, MO 64804

Phone: (417) 623-3384

Fax: (417) 623-1901

Email: tents@joplintent.com

www.jopintent.com

APPLICATION FOR CREDIT ACCOUNT

Thank you for your interest in Joplin Tent Rentals. The following is an application for a credit account. Please complete, sign, date, and return. You will be informed once your application has been processed; this can take about a week to ten days.

Our payment terms are Net 30 and invoices can be mailed, faxed, or emailed at the close of the rental contract. Please advise if you have a preference. We also send out statements at the end of each month.

Joplin Tent Rentals reserves the right to withdraw "on account" payment terms for non-payment within our Net 30 day's terms.

Joplin Tent Rentals strives to exceed our customer's expectations in product quality and customer service. We are always adding items to our inventory so please call or come by no matter what your need(s) may be.

Thank you again, we look forward to doing business with you. We look forward to servicing your rental needs.

Sincerely,

George Heim
President
Joplin Tent Rentals

COMPANY INFORMATION

Doing Business As / Company Name:

Parent Company:

Physical Address:

Mailing Address:

Telephone No.: _____ Fax No.: _____

Sole Proprietor: _____ Partnership: _____ Corporation: _____ Other: _____

Accounts Payable Contact: _____

Phone: _____

Accounts Payable e-mail: _____

Do you require purchase orders? ____ Yes ____ No

Other Pertinent Information:

Principals:

President: _____

V President: _____

Secretary: _____

Controller: _____

Bank References:

Bank Name: _____

Officer: _____

Address: _____

City, State, Zip: _____

Phone: _____ Account #: _____

Trade References:

Name: _____
Contact Person: _____
Address: _____
City, ST, Zip _____
Phone: _____
Fax: _____

Name: _____
Contact Person: _____
Address: _____
City, ST, Zip _____
Phone: _____
Fax: _____

Name: _____
Contact Person: _____
Address: _____
City, ST, Zip _____
Phone: _____
Fax: _____

Name: _____
Contact Person: _____
Address: _____
City, ST, Zip _____
Phone: _____
Fax: _____

The undersigned certifies that the above information, given for credit purposes, is true and correct; and authorizes the firm or person to whom this application is made or it's assignee, any credit bureau or other investigative agency, to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Authorized Signature _____

Printed Name: _____

Title _____ Date _____