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**PLEASE PRINT OR TYPE**

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address (street): \_\_\_\_\_ PO Box: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 I would prefer to receive invoices and statements via fax \_\_\_ or email \_\_\_.

Principal Line of Work: \_\_\_\_\_  
 Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Principal	Name _____	Title _____	Phone # _____
Members	Name _____	Title _____	Phone # _____
Of Firm	Name _____	Title _____	Phone # _____

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address (Street): \_\_\_\_\_ Manager: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**LIST THREE TRADE CREDIT REFERENCES**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address (Street): \_\_\_\_\_ Manager: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address (Street): \_\_\_\_\_ Manager: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address (Street): \_\_\_\_\_ Manager: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**Check the appropriate boxes below:**

**List persons who are  
 Authorized to sign:**

Is a Purchase Order Required? ( ) YES ( ) NO \_\_\_\_\_  
 Is a Job Number Required? ( ) YES ( ) NO \_\_\_\_\_  
 Will You Accept Damage Waiver? ( ) YES ( ) NO \_\_\_\_\_

*\*Please provide a Certificate of Liability from your insurance company if declining Damage Waiver.*

We make application for credit on an open account basis with Sun Rental Center based on the following terms:  
 Net 30. All past due invoices are subject to a late payment charge of 1.5% per month. Credit will be extended for  
 30 days for selected accounts. Accounts 30 days past due will be placed on cash in advance basis immediately  
 without notice.

SS #: \_\_\_\_\_

Contractor Lic. #: \_\_\_\_\_

Drivers Lic. #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Applicant

IF APPLICABLE: FAILURE TO COMPLETE THIS SECTION WILL RESULT IN DENIAL OF CREDIT

Work Site Physical Address: \_\_\_\_\_

\_\_\_\_\_

Type of Work: \_\_\_\_\_

General/Prime Contractor: \_\_\_\_\_

Date of the Job: \_\_\_\_\_

Estimated Credit Required: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Terms and Conditions**

I promise to pay my account in full within 30 days after the statement is received or within specified terms and conditions. If this account is not paid as agreed, late charges shall be computed at the rate of 18% per annum on the unpaid balance or the maximum legal rate, whichever is less. If rental or purchase is not paid when due or if lessee fails to comply with any of the terms and conditions of the agreement, Sun Rental Center may, at its option, terminate this agreement and at lessee's expense enter upon the premises where the equipment is stored, take possession of the equipment without previous notice or demand and return it to the place of rental/purchase. In the event that it becomes necessary to assign the account for collection I agree to pay all finance charges, collection fees up to 35% of debt, service fees, other collection agency fees and/or, if legal action is required, I agree to pay reasonable attorney fees and costs of collection that are incurred.

I consent to jurisdiction of the courts of the State of Washington. Venue shall be at Sun Rental Center sole option, in Walla Walla County, Washington. I, authorize Sun Rental Center to contact any and all of the references regarding our credit standing and perform a personal credit/background check. I certify that the above information is true and correct.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**General Personal Guarantee**

I, hereby agree to the above terms and conditions stated and do assume personal liability for payment of this applicant's account. It is understood that the credit will not be extended to applicant without this personal guarantee. This guarantee is a principal and not as a surety. Should the entity designated in the application change to a corporation in the future, this Guarantee will guarantee that corporate debt. If the account is not paid I agree to pay the outstanding balance according to the terms set forth above together with reasonable attorney's fees and costs. Notice of demand and default is hereby waived and the undersigned jointly and severally agree to remain bound not withstanding any extensions or renewals of any indebtedness hereby guaranteed. The undersigned waive all rights of subrogation, contribution, reimbursement against the applicant.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_