



CREDIT APPLICATION

450 West Fair Ave, Lancaster, OH 43130
 Phone: 740-994-4371

Please Complete & E-mail: finance@taylorrentallancaster.com

Salesman Name: _____

Legal Company Name: _____ Date: _____

Billing Address (city, state, zip): _____

Telephone Number: _____ Fax Number: _____ D&B No. _____

PO Required _____ No _____ Yes Tax Exempt _____ No _____ Yes (if YES, you MUST Attach Certificate) Years in Business _____

Type of Business (Check One): Corporation LLC Partnership Sole Proprietorship State Filed In _____

Minimum Credit Requested \$ _____ For _____ TAX I.D. # _____

A/P Contact _____ A/P E-mail Address _____

Business References

NAME	ACCOUNT # CONTACT	PHONE #/FAX #

Trade References

COMPANY NAME	ACCOUNT NUMBER	PHONE#/CONTACT	FAX #

Applicant authorizes Fetters Run, LLC dba Taylor True Value Rental to Contact the above references for the purpose of obtaining credit information. By signing below, Applicant agrees to the following Terms:

TERMS: Accounts due net 30 days. A finance charge of 2% per month will be added to past due balances. In addition to applicable interest and penalties, Applicant agrees to pay any and all collection costs, including reasonable attorney fees and expenses. Applicant's obligation to pay attorney fees shall apply whether or not outside counsel is retained. In-house counsel fees shall be chargeable at the prevailing market rate.

Printed Name: _____ Title: _____

Signature X _____ Date _____

PERSONAL GUARANTY AGREEMENT

In consideration of Fetters Run, LLC dba Taylor True Value Rental ("Company") extending credit to _____ (hereinafter referred to as "Applicant"), I, _____, in my individual and personal capacity, hereby agree to be jointly and severally liable for the equipment from Company. I agree that Company may look to me for payment without prior demand or notice and without first having attempted to collect from the Applicant. I further agree to reimburse Company for any and all losses, costs and expenses, including attorney fees, that it may incur by reason of enforcing or defending its rights under the terms of this Personal Guaranty. I agree that an itemized statement of the Company's damages sworn to by an officer or authorized representative of Company shall be prima facie evidence of the fact and extent of my liability. In the event legal action is necessary to resolve a dispute under this Personal Guaranty or any agreement with the Applicant, I agree that the Fairfield County, Ohio Court of Common Pleas is the only proper venue. I acknowledge that the Company is relying upon the representations set forth in this Personal Guaranty as part of its decision to extend credit and/or enter into an agreement with Applicant. Although the Company may require this Personal Guaranty due to my relationship to, or position within, the Applicant, I understand that I am signing this Personal Guaranty in my individual and personal capacity, only. After reading and understanding this Personal Guaranty, I agree to be fully bound by its terms.

Full Printed Name _____ Social Security Number _____ Date of Birth _____

Signature _____ Date _____