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CREDIT APPLICATION				
Business Name:			Years In Business:	
Business Address:				
City:	State:	Zip:		
Contact Name:				
Phone: Er	mail:			
Fed ID #:Sal	Sales Tax # (copy must be provided):			
В	ANK REFERENCE			
Name:	Phone Number:			
Address:				
City:	State:	Zip:		
Contact Name:				
Type of Account:	Account #:			
TRADE REFERENCES				
Company Name:	Ph	one Number: _		
Address:				
City:	State:	Zip:		
Account #:				
Company Name:	Phone Number:			
Address:				
City:				
Account #:				

Company Name:	Phone Number:			
Address:				
City:		Zip:		
Account #:	_			
Disclaimer and Signature				
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Delano Rental Inc. for which credit is being applied for in order to verify the information contained herein.				
Signature:		Date:_		