



APPLICATION FOR CREDIT

Higher Standards **Total Commitment**

HEAD OFFICE:
 201 CITY CENTRE DRIVE, SUITE 502
 MISSISSAUGA, ONTARIO, L5B 2T4
 TEL: (905) 507-3650
FAX: (905) 568-0816
www.stephensons.ca

CUSTOMER INFORMATION

LEGAL COMPANY NAME IN FULL		PLEASE PRINT OR TYPE		DATE OF APPLICATION		
				MM	DD	YY
TRADE NAME SAME <input type="checkbox"/> OR				<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
ADDRESS	STREET	UNIT NO.	CITY	PROVINCE	POSTAL CODE	
NOTE IF P.O. BOX ABOVE PLEASE FILL IN ACTUAL LOCATION ADDRESS			TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)		
EMAIL	WEB ADDRESS		CELL NO.			

TYPE OF BUSINESS

<input type="checkbox"/> HOMEBUILDER (HB)	<input type="checkbox"/> HEATING / AIR CONDITIONING / REFRIGERATION (HTG)	<input type="checkbox"/> PROPERTY MAINTENANCE / MANAGEMENT (PM)	<input type="checkbox"/> INDUSTRIAL / COMMERCIAL BUILDER (ICB)	<input type="checkbox"/> ELEVATOR/INSTALLATION/ REPAIR (ELV)
<input type="checkbox"/> PLUMBING (PLB)	<input type="checkbox"/> MANUFACTURING (MAN)	<input type="checkbox"/> GENERAL CONTRACTOR (GEN)	<input type="checkbox"/> MECHANICAL (MEC)	<input type="checkbox"/> DEMOLITION (DEM)
<input type="checkbox"/> RENOVATOR (REN)	<input type="checkbox"/> ELECTRICAL (ELE)	<input type="checkbox"/> LANDSCAPING (LAN)	<input type="checkbox"/> DEVELOPER (DEV)	<input type="checkbox"/> OTHER _____
NUMBER OF EMPLOYEES _____		ESTIMATED ANNUAL RENTAL VOLUME \$ _____	DATE OF REGISTRATION/INCORPORATION MM DD YY	

PRINCIPALS

CONTACTS

NAME IN FULL		<input type="checkbox"/> PARTNER <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> SIGNING OFFICER	FINANCE / ADMINISTRATION _____ ACCOUNTS PAYABLE _____ PURCHASING _____ PROJECT / JOB MANAGER _____
RESIDENTIAL ADDRESS	CITY		
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)		
NAME IN FULL		<input type="checkbox"/> PARTNER <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> SIGNING OFFICER	
RESIDENTIAL ADDRESS	CITY		
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)		

RENTAL INSTRUCTIONS (SEE SEC. 4 ON REVERSE)

<input type="checkbox"/> OBTAIN WRITTEN P.O. ONLY	<input type="checkbox"/> SHOW JOB SITE ON INVOICE	<input type="checkbox"/> RENT ONLY TO _____
<input type="checkbox"/> PHONE OFFICE FOR AUTHORIZATION AND/OR P.O.		
<input type="checkbox"/> OTHER INSTRUCTIONS (SPECIFY) _____		

BANK REFERENCE

NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	ACCOUNT NO.

LIST **THREE** REFERENCES YOU HAVE ESTABLISHED CREDIT WITH
 THIS REFERENCE SECTION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION WITHOUT DELAY

COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)
COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)
COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)

I hereby represent that I am authorized to submit the application for credit on behalf of the customer named above. I/we hereby authorize Stephenson's Rental Services Inc. to investigate references listed pertaining to my/our credit and financial responsibility.

I, the undersigned (A) certify all the information provided to be true & complete, (B) Authorize and consent to the provision of account information and credit information from and to Credit Grantors, Credit Bureaus, and Suppliers of Service, (C) acknowledge and agree to abide by the terms and conditions set out on the reverse side of this application for credit.

NAME (PLS. PRINT) _____ SIGNATURE _____ TITLE _____ DATE _____

TERMS AND CONDITIONS GOVERNING USE OF CHARGE ACCOUNT

In consideration for granting credit by Stephenson's Rental Services Inc. (hereinafter referred to as "Stephenson's") to the Applicant for credit (hereinafter referred to as "Applicant") the Applicant specified in this Application for Credit and Stephenson's covenant, promise and agree as follows:

1. The Applicant agrees to be fully responsible and liable for all use made of the Applicant's account with Stephenson's by any agent or representative of the Applicant and to abide by the terms and conditions specified by Stephenson's Rental Contracts as they may appear from time to time.

2. The Applicant agrees to pay interest on its account with Stephenson's when overdue at the rate of 1% per month. Unless otherwise specified, the Applicant's account shall be considered overdue unless paid on or before the 31st day following the date of each Invoice to be sent by Stephenson's to the Applicant at the Applicant's address specified in this Application for Credit. The Applicant further agrees to pay the full balance owing on its account including applicable interest charges upon written notice by Stephenson's requiring same to be sent by Stephenson's to the applicant to the Applicant's address specified in this Application for Credit.

3. The Applicant agrees should Stephenson's have to retain solicitors to collect the outstanding balance of the Applicant's account, in order to contribute to Stephenson's costs in that regard, and exclusive of any costs which may be awarded to Stephenson's in any court of competent jurisdiction, to pay to Stephenson's in addition to the outstanding balance due on account a sum equal to the greater of \$100.00 or 5 per cent of the outstanding balance due on account.

4. It is understood and agreed that while every effort will be made by Stephenson's to obtain the requisite authorization at the time an order is taken, Stephenson's shall at all times be entitled, in accordance with the terms and conditions set forth on the reverse hereof, to collect all debts in respect of rentals or sales to the Applicant made in the normal course of business, notwithstanding failure to receive the requisite authorization and, in addition, Stephenson's shall not be liable for loss or damages, direct or indirect, consequential or otherwise in the event such authorization is not obtained.

FOR HEAD OFFICE USE ONLY

SALESMAN _____ SALESMAN CODE _____ PRICE LIST # _____ F.P.U. DELIVERY YES <input type="checkbox"/> NO <input type="checkbox"/> GEN. MGR. APP. _____ V.P. SALES APP. _____	COLLECTOR _____ COLLECTOR CODE _____ CREDIT LIMIT \$ _____ CUSTOMER CODE _____ APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> _____ MGR. CREDIT/COLLECT. APP. MM DD YY
---	--