

# QUALITY RENTAL CENTERS

390 Walcott Street  
Pawtucket, RI 02860  
401-725-0928

1122 Charles Street  
N. Providence, RI 02904  
401-723-5555

Credit Application  
Please Print or Type

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SS or FID# \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

Owners Name \_\_\_\_\_ Title \_\_\_\_\_

Owners Address \_\_\_\_\_

Please indicate one of the following: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Sales Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, EXEMPT # \_\_\_\_\_ If yes, please enclose copy of certificate

Number of Employees \_\_\_\_\_ Years in Business \_\_\_\_\_ Years at present address \_\_\_\_\_ Purchase Order Required \_\_\_\_\_

## Trade References

Firm Name	Address	Contact Person	Phone	Fax
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Bank Information

Name: \_\_\_\_\_

Checking # \_\_\_\_\_

VISA, MC or AMEX # \_\_\_\_\_ Expiration Date \_\_\_\_\_

We understand that terms of this account are NET 30 DAYS and will abide by those terms. We agree to pay a 1-1/2% per month service charge (18% annum) on overdue accounts and also agree to pay 33-1/3% of and including the balance of this account if it becomes necessary for Quality Rental Centers, Inc. to turn this account over to a collection service or attorney for collection. I have read and agree to the above terms of this account, and to the best of my knowledge, I have completed this form accurately.

Person Making Application: \_\_\_\_\_ Title: \_\_\_\_\_

Date of signing: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

390 Walcott Street Pawtucket, RI 02860

Phone: 401-725-0928

Fax: 401-725-9470