

Grand Rental Station
1000 Vinyard Road
Vinton, VA 24179
Phone: 540-343-1000 or Fax: 540-343-0512

Credit Application

Name of Firm or Corporation _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____ Purchase Order Required _____ Yes _____ No _____

Fax No. _____ Tax Exempt _____ Yes _____ No _____ No. _____

Our Legal entity is: _____ Corporation _____ Partnership
_____ Proprietorship

Principal Owner(s) or President _____

Manager or Foreman _____

Authorized Agents _____

Credit References

<u>Name of Company</u>	<u>Address</u>	<u>Telephone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Banks

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Authorization To Release Information

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name _____

Address _____

City _____ State _____ Zip _____

Authorized by _____

Title _____ Date _____