



314 W. Genesee Ave. • Saginaw, MI 48602 • (989) 755-4411 • (800) 292-0235 • Fax: (989) 755-4469

RENTAL ACCOUNT APPLICATION

Individual or
Company Name _____ P.O. Box _____

Street _____ City/State/Zip _____

Phone (Office) _____ (Fax) _____ (Cell) _____ (Pager) _____

E-mail _____ Years in business ____ Owner/President _____

Social Security no. _____ Date of Birth _____

Others authorized to sign _____

Circle one: Sole Proprietor Partnership Corporation Other (Describe) _____

Insurance Agency _____ City _____ Phone _____ Fax _____

Insurance Liability Limit _____ Physical Damage Deductible _____

Bank _____ Contact _____ City/State _____

Bank account no. _____ Phone _____ Fax _____

Credit References

Name _____ City/State _____ Phone _____

Name _____ City/State _____ Phone _____

Name _____ City/State _____ Phone _____

Terms: Net due on date out. Subsequent invoices due at beginning of each rental period. A service charge of up to 5% per month may be added to unpaid balances.

Permission is hereby granted to the references listed above on this application and Scientific Leasing to release credit information pertaining to the applicant. Applicant also gives Scientific Leasing permission to obtain credit information from a credit reporting agency or service.

Signature _____ Title _____ Date _____