



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 \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Owner/President \_\_\_\_\_

Soc. Security no. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Yrs. in business \_\_\_\_\_

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 \_\_\_\_\_

Trade References (To whom you owe money, other than a finance company)

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 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 \_\_\_\_\_