



## AUTO-PAY APPLICATION

Equip Rental and Sales, LLC.

420 S Church St.

St. Peters, MO. 63376

Phone (636) 397-8080 | Fax (636) 397-5222

custservicestp@equiprentalsales.com

### COMPANY INFORMATION

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Does your company require Purchase Orders?  YES  NO Year Business Began: \_\_\_\_\_

Is the Company a:  PROPRIETORSHIP  PARTNERSHIP  CORPORATION (Check One)

### PRINCIPAL OWNERS OR OFFICERS

NAME	TITLE	HOME ADDRESS (street, city, zip)	PHONE
1.			
2.			

AUTHORIZED PURCHASERS / RENTERS - Please list persons authorized to rent and/or purchase equipment.

(Applicant is responsible to periodically update list.)

FIRST NAME	LAST NAME	PHONE I	EMAIL
1.			
2.			
3.			
4.			
5.			

Owner/Officer: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

