

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:	State:			
Business Phone:	Fa	Fax:				
Contact:	P	Phone:				
Email:						
Nature of Business:						
Does your company require Pust the Company a (Check One): PRINCIPAL OWNERS OR	☐ PROPRIET		Year Busine TNERSHIP	ss Began:		
NAME	TITLE	HOME ADDRESS (street, city, zip)		PHONE		
1.						
2.						
AUTHORIZED PURCHASERS / REN (Applicant is responsible to perioc	•	ons authorized to rent ar	nd/or purchase equipm	ent.		
FIRST NAME		LAST NAME	PHONE I	EMAIL		
1.						
2.						
3.						
4.						
5.						
Owner/Officer:		Title <u>:</u>				
Print Name:	Print Name:					

Company Name:				-		
Type of Card: (circle one):	Visa N	Mastercard	Discover	American Express		
Card Number:						
Expiration Date:		_	Verification	n Code:		
Telephone Number: ()	-				
Card Holder's Name as It Ap	opears on Ca	ard:				
Authorized Signature:						
Credit Card Billing Address:						
to the credit card liste Equip Rental and Sales agreement, I relinquish A CERTIFICATE OF INSURAI Please list as follows: "Equip Re Equip Rental and Sales, LLC mus	ed above. I s, LLC, and u n the right to NCE IS REC ntal and Sal	agree to all inderstand the dispute the QUIRED coves, LLC. 420 S	terms and contact all sales and charge.** charge.** ering all rente Church St, Sa	d equipment. hint Peters, Mo. 63376."		
Equip Nemulatia Sales, Ele mas	i de listea e	-OR-	e and dadrio	na msarca.		
damage waiver coverage. If this to supply a Certificate of Insuration option to accept or supply cove	is chosen, a	an additional	cost will apply			
To Submit:						
Fax: (636) 397-5222 Email: custservicestp@equiprentalsales.com						
St. Peters (636) 397-8080 420 S. Church St. St. Peters, MO 63376	•	St. Charles 536) 946-808 1717 Ford Ln harles, MO 6	<i>0</i>	Wentzville (636) 327-8080 132 Hamilton Ind. Ct. Wentzville, MO 63385		
Office Use Only:	ACCT#:			CN:YesNo		
SP SC WZ			SP SC \	NZ		

NAME: __

DATE:___

NAME: ___

_____ DATE: ____