



Morton Rentals 445 E. Birchwood St. Suite A Morton, IL 61550 309.263.7368

judy@peoriarentals.com

Signature: ___

APPLICATION FOR CREDIT

Peoria Rentals
921 E. War Memorial Dr.
Peoria Heights, IL 61616
309.688.1412
judy@peoriarentals.com

Date: Company Name: Address:		Type of Business:			
Billing Address:					
Ph:					
Website: If Applicable: Resale #:		Tax Exempt #			
CORPORATION:			FEIN #:		
President:					
Secretary: Social Security Number of Principal Owner, if known:		Address:_			
OR	al Owner, il known.				
Individual or Partners' Names & A	ddresses:				
	SSN:				
			SSN:		
How long at business address?			How long in business?		
Do you require: Purchase	NO	<u>Jo</u>	<u>b Name:</u> YES NO		
Authorized names for renting: (optimportant! Rental will be allowed		e if this sect	ion is completed.		
Contact Name	<u>Title</u>		<u>Phone</u>	<u>Email</u>	
			- + - · · · · · · · · · · · · · · · · ·		
Credit References:					
Company	<u>Contact</u>		<u>Phone</u>	<u>Address</u>	
Name and Address of Bank:					
Name and Address of Bank: Whom to Contact:		Ph·		Fax:	
TTHORIT to Contact.		' ' ' ' ' '		I WAI	
Morton Rentals/ Peoria Rentals is aut this applicant. If a balance is still owed	horized to obtain any information d after 30 days, there will be a 1.5	necessary fo % monthly fi	r the purpose of establish nance charge applied (18	ing an open 30-day charge account for % annual).	

______ Title:_____