

GAINESVILLE  
PH: (352) 336-9800  
FX: (352) 336-6972

OCALA  
PH: (352) 351-3006  
FX: (352) 369-8303

Sales Rep \_\_\_\_\_

**B & M EQUIPMENT RENTALS AND SALES**  
**PO BOX 3730**  
**BELLEVIEW, FL 34421**  
**PHONE: (352) 245-9800**  
**FAX: (352) 245-4950**

**ACCOUNT APPLICATION**

Tax Exemption No: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name in Full: \_\_\_\_\_ Mailing Address or P.O. Box: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long at this address: \_\_\_\_\_

How long in business: \_\_\_\_\_ yrs. \_\_\_\_\_ mo. Division of or D/B/A: \_\_\_\_\_

Business Names used in the Past Three Years: \_\_\_\_\_

CHECK IF APPLICANT IS: \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

Owner/ President: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Partner or Vice President: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Company FEIN: \_\_\_\_\_ or Owner Soc. Sec. #: \_\_\_\_\_

\*\*\*\*\*PLEASE ATTACH A PHOTO COPY OF OWNERS DRIVER'S LICENSE\*\*\*\*\*

TRADE REFERENCES COMPLETE ADDRESS PHONE & FAX NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PRIMARY BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

NOTE: We send out "Notice to Owners" and Liens on Past Due Accounts.

BY MY SIGNATURE BELOW I PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT PROMPTLY.

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

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

BY MY SIGNATURE ABOVE, I AM, AS INDIVIDUAL OR AS A REPRESENTATIVE OF THE COMPANY, ACKNOWLEDGING AND AGREEING TO B&M EQUIPMENT OBTAINING A CREDIT REPORT AND ALSO OBTAINING CREDIT INFORMATION FROM YOUR CREDIT REFERENCES AS PART OF THIS APPLICATION FOR CREDIT.

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**B&M EQUIPMENT RENTAL & SALES, INC.**  
**PO BOX 3730**  
**BELLEVIEW, FL 34421**  
**PHONE: (352) 245-9800**  
**FAX: (352) 245-2556**

COMPANY: \_\_\_\_\_

CONTACT IN ACCOUNTING DEPARTMENT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS FOR ACCOUNTS PAYABLE \_\_\_\_\_

DOES YOUR COMPANY REQUIRE A P.O. NUMBER? \_\_\_\_\_ CREDIT LIMIT REQUESTED: \_\_\_\_\_

DO YOU UTILIZE OUR EQUIPMENT AT VARIOUS LOCATIONS? \_\_\_\_\_

IF YES, UPON RENTING EQUIPMENT WE WILL REQUEST EITHER A JOB NUMBER OR LOCATION WHERE THE EQUIPMENT WILL BE USED. \_\_\_\_\_

WITHIN YOUR COMPANY, WHO IS AUTHORIZED TO SIGN FOR RENTALS AND/OR MERCHANDISE?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

ANY SPECIAL NOTES: \_\_\_\_\_  
\_\_\_\_\_

***NOTE: IF YOU SPECIFY THAT YOU ARE TAX EXEMPT PLEASE COMPLETE AND RETURN A BLANKET CERTIFICATE OF RESELL. IF THIS ITEM IS NOT RETURNED WITH YOUR APPLICATION, TAX WILL BE CHARGED TO YOUR ACCOUNT.***

**IF YOU DO NOT PAY DAMAGE WAIVER WE MUST HAVE A CERTIFICATE OF INSURANCE ON FILE BEFORE WE CAN WAIVE THE CHARGE.**

PLEASE REMIT ALL PAYMENTS TO:  
B & M EQUIPMENT  
PO BOX 3730  
BELLEVIEW, FL 34421