



Commercial Billing Account Application and Agreement

Please fill in blanks (type or print clearly). All information must be completed.

BUSINESS INFORMATION			
COMPANY NAME STATE OF COLORADO	AGENCY / DEPARTMENT	NO. OF YRS. IN BUSINESS	NO. OF EMPLOYEES
PHYSICAL ADDRESS (P.O. BOXES NOT ACCEPTED)		NATURE OF BUSINESS	
BILLING ADDRESS		PRIMARY CONTACT NAME:	
CITY	STATE	ZIP CODE	TELEPHONE NO. (NO CELL PHONES)
PREVIOUS BUSINESS ADDRESS (IF AT PRESENT ADDRESS LESS THAN 2 YEARS)		DUN & BRADSTREET NO.	
PARENT COMPANY (IF APPLICABLE)		BILLING CONTACT: (NAME AND EXTENSION)	
ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS			
APPLICANT IS: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		PO # REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide a copy of your tax exemption certificate.

CREDIT REFERENCES			
BANK		TRADE	
BANK NAME		NAME (1)	TELEPHONE NO.
CITY	STATE	TELEPHONE NO.	ADDRESS
CHECKING ACCOUNT NO.	CONTACT	CONTACT	ACCOUNT NO.
PREVIOUS BANK (IF LESS THAN 2 YEARS)		NAME (2)	TELEPHONE NO.
CITY	STATE	TELEPHONE NO.	ADDRESS
CHECKING ACCOUNT NO.	CONTACT	CONTACT	ACCOUNT NO.

AUTHORIZED TO RENT			
NAME	PHONE NUMBER	NAME	PHONE NUMBER
	() -		() -
	() -		() -
	() -		() -

FOR SOLE PROPRIETORSHIPS OR PARTNERSHIPS, THE FOLLOWING INFORMATION IS REQUIRED:		
OWNER'S NAME	SOCIAL SECURITY NUMBER	% OWNERSHIP
RESIDENCE PHYSICAL ADDRESS		RESIDENCE PHONE #
OWNER'S NAME	SOCIAL SECURITY NUMBER	% OWNERSHIP
RESIDENCE PHYSICAL ADDRESS		RESIDENCE PHONE #

AUTHORIZED SIGNATURES (ADDITIONAL AUTHORIZATIONS REQUIRED FOR SOLE PROPRIETORSHIPS & PARTNERSHIPS)	
I/we have read the terms and conditions on the second page and agreed thereto on behalf of the Customer. I/we certify the completed information provided in this agreement to be correct and he/she is authorized to commit the Customer to the terms and conditions of this agreement. I/we authorize the release of any information required by Budget Truck Rental, LLC to complete its credit investigation.	
Authorized Signature X	Authorized Signature X
Print Name	Print Name
Title	Title
Date / /	Date / /

*FIRST INITIAL AND LAST NAME ONLY		Budget Truck Use Only										
SALES PERSON*	CPG	D & B SCREEN	COMMERCIAL BILLING ACCOUNT #									
		D & B BUSINESS INFO RPT										
ACCT. MANAGER CODE	YES <input type="checkbox"/>	EXPERIAN INTELLISCORE										
	NO <input type="checkbox"/>	EXPERIAN BUSINESS PROFILE										
		BANK	TRADES									