

# Brask Enterprises, Inc.

P.O. Box 2400

Sparks, NV 89432

Tel. 1-800-848-8805 Fax. 1-508-226-1750



## EQUIPMENT RENTAL APPLICATION

<b>V E N D O R</b>	VENDOR			CONTACT	
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE RENTED	<input type="checkbox"/> NEW	<input type="checkbox"/> USED	<input type="checkbox"/> AGE	FAX NO.
	COST OF EQUIPMENT	TERMS OF RENT	RATE/MO. PAYMENT	DEPOSIT RECEIVED	

<b>L E S S E E</b>	BUSINESS NAME/LESSEE			TELEPHONE
	ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	SIGNER	TYPE OF BUSINESS	YRS IN BUS.	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)

<b>G U A R A N T O R S</b>	BUSINESS STRUCTURE				<input type="checkbox"/> CORP.	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT
	PRINCIPAL'S NAME	TITLE	OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.			
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	DRIVER'S LIC. NO.	
	PRINCIPAL'S NAME	TITLE	OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.			
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	DRIVER'S LIC. NO.	
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.			
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	DRIVER'S LIC. NO.		

<b>B A N K S</b>	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	DATE OPENED	CONTACT
	BANK	BRANCH	FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	DATE OPENED	CONTACT

<b>T R A D E S</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

The undersigned individual who is either a principal, a personal guarantor, or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Access Renting Services or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FAX THIS APPLICATION TO 1-508-226-1750**