

**Viking Rentals, Inc.**  
**200 San Miguel River Dr.**  
**Telluride, CO 81435**  
**970-728-0101 • FAX 970-728-0418**

**CREDIT APPLICATION**

*ALL Sections MUST be completed and signed or application cannot be processed*

**General Information:**

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_ **Years at Location:** \_\_\_\_\_

**Type of Organization:** Partnership:  Corporation:  Sole Proprietorship:

**Federal ID #** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Tax Exempt # (Optional)** \_\_\_\_\_

**Principals:** Please supply information for all additional principals on an attachment

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Driver's License:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Has the company or any principals ever been bankrupt?**      **YES**                      **NO**

Personal Guarantee:

In consideration of the extension of credit to the Debtor, I/We hereby unconditionally guarantee payment of whatever amount \_\_\_\_\_ owes Viking Rentals, Inc., including amounts due for subsequent rental or any other obligation thereto, which shall be an open and continuing guaranty and shall continue in force not withstanding any modification or change in term granted by Viking Rentals, Inc., without obtaining any consent thereto. Notice of indebtedness and default are hereby waived.

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**Name/Signature**    **Title**    **Date**

**Bank Reference:**

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Checking Account: \_\_\_\_\_

**Credit References: List only companies you have a currently established open account**

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_

City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_

City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip Code

Mailing Address: \_\_\_\_\_

City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**I authorize the above named bank and firms to give Viking Rentals, Inc. information concerning my account with said bank or firm,**

\_\_\_\_\_  
Name/Signature Title Date

Responsibility for payment within our credit terms rests with the person or company to whom the account was granted. A customer's failure to collect money due to them is not an acceptable reason for non-payment.

**It is our policy to exercise lien rights on all past due accounts. We currently bill \$200 to file a lien or prepare "Intent to File Lien", this fee may be increased from time to time.**

We agree that full payment will be made within 10 days of receipt of statements and agree to pay interest at the rate of 2% per month on past due amounts. I understand that my charging privileges may be terminated if I have not paid in full within 30 days of my statement. I further understand that Viking Rentals, Inc. may limit the amount of my charges I may incur at any one time.

I further agree that all cost of collection including but not limited to attorney fees, court costs, corporate officers time at \$100 per hour and lien fees will be paid by \_\_\_\_\_ company or its guaranters.

\_\_\_\_\_  
Name/Signature Title Date