

764 US Highway #1 Edison, NJ 08817 Phone: 732-985-3050 Fax: 732-985-4415 Visit our web site: <a href="https://www.millersrentals.com">www.millersrentals.com</a>

## APPLICATION FOR CREDIT

In order to process your application, the following information  $\underline{must}$  be provided and will be help in strict confidence.

Name of Firm or Individual					
Address	ress			Years at this Address	
City	State Zip Code		P	hone Number	
	OW	/NERSHIP			
☐Corporation ☐Partnership	$\Box$ Individual	□Check here if	incorporated wi	thin last <u>12</u> month	
Name(s) of Principal(s)	Complete Address		Zip Code	Phone Number	
Name(s) of Principal(s)	Complete Address		Zip Code	Phone Number	
Name(s) of Principal(s)	Complete Address		Zip Code	Phone Number	
Name(s) of Principal(s)	Complete Address		Zip Code	Phone Number	
	<u> </u>	INANCE			
Bank Name	Complete Address		Zip Code	Phone Number	
Bank Contact Name	Department Name			Phone Number	
	-	FERENCES .			
Business Name	Complete Address		Zip Code	Phone Number	
Business Name	Complete Address		Zip Code	Phone Number	
Business Name	Complete Address		Zip Code	Phone Number	
Applicant Signature	Applicant Title			Date	
ereby applies for credit in acco	ordance with te	erms and conditi	ons of:		
Miller's Rentals 764 US Hwy #1 Edison, NJ 08817 Phone: 732-985-3050 Fax: 732-985-4415		Credit Man	ager: Melody M		
PLEASE DO NOT WRI	TER BELOW THI	S LINE — FOR OF	FICIAL OFFICE US	E ONLY!!!	
References Checked:			Date:		
Credit Approved:			Date:		
	• •		Date:		
Applicant Notified:			Date:		