



CITATION SUPPORT INC.

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Nashville, Tennessee 37209
Phone.615.298.5252
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www.citationsupport.com

ACCOUNT APPLICATION

Date _____

SHOULD YOU WISH TO ESTABLISH AN ACCOUNT WITH OR WITHOUT A LINE OF CREDIT, WE REQUEST THE FOLLOWING INFORMATION. FOR LINE OF CREDIT / OPEN ACCOUNT REQUESTS, PLEASE ALLOW A 10 BUSINESS DAY PROCESSING PERIOD. ALL NEW ACCOUNTS AND ALL FIRST TIME CUSTOMERS ARE C.O.D. UNTIL A LINE OF CREDIT / OPEN ACCOUNT IS APPROVED. PAYMENT MAY BE MADE BY CASH, CHECK, OR CREDIT CARD. EVEN THOUGH YOU MAY NOT WISH TO HAVE AN OPEN ACCOUNT, THE FOLLOWING INFORMATION MUST BE COMPLETED FOR OUR RECORDS PRIOR TO ANY RENTAL COMMENSING.

FOR THE PURPOSE OF RENTING OR OBTAINING CREDIT FROM CITATION SUPPORT, INC. I, WE MAKE THE FOLLOWING STATEMENTS

COMPANY NAME _____ ATTN _____

BUSINESS ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ CELL _____

EMAIL _____

WEBSITE ADDRESS _____

NATURE OF BUSINESS _____

TYPE OF ENTITY CORPORATION _____ PARTNERSHIP _____ SOLE PROPIETOR _____ INDIVIDUAL _____

YEARS IN BUSINESS _____ DATE OF INCORPORATION _____ STATE OF INCORPORATION _____

ARE YOU SALES OR USE TAX EXEMPT? YES ___ NO ___ (PLEASE INCLUDE YOUR EXPEMPTION CERTIFICATE FOR OUR FILES)

DO YOU HAVE EQUIPMENT RENTAL INSURACNCE? YES ___ NO ___ (AN APPROVED INSURANCE CERTIFICATE MUST BE ON FILE WITH US PRIOR TO YOUR RENTAL COMMENSING TO AVOID AN "UNINSURED FEE" BEING CHARGED)

NAME AND TITLES OF PRINCIPALS, OFFICERS, PARTNERS OR OWNERS (PLEASE USE ADDITIONAL SHEETS IF NECESSARY)

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES ___ NO ___ DATE _____

WHO IS RESPONSIBLE FOR ACCOUNTS PAYABLE? NAME _____

EMAIL _____ PHONE _____ FAX _____

PLEASE INDICATE ITEMS YOU WOULD LIKE TO APPEAR ON OUR INVOICE. PO# _____ JOB# _____ JOB NAME _____

NAME, ADDRESS, EMAIL AND PHONE AND FAX NUMBER OF THREE SUPPLIERS ALLIED TO OUR INDUSTRY WITH WHOM YOU HAVE A LINE OF CREDIT / OPEN ACCOUNT. (DO NOT INCLUDE CASH, COD OR CREDIT CARD ONLY ACCOUNTS)

NAME _____ ADDRESS _____

EMAIL _____ PHONE _____ FAX _____

NAME _____ ADDRESS _____

EMAIL _____ PHONE _____ FAX _____

NAME _____ ADDRESS _____

EMAIL _____ PHONE _____ FAX _____

GUARANTY

IN ORDER TO INDUCE CITATION SUPPORT, INC. OR ITS SECESSORS TO EXTEND CREDIT PURSUANT TO THE FORGOING AGREEMENT, AND IN CONSIDERATION THEREOF, AND FOR GOOD AND VALUABLE CONSIDERATION, RECEIPT WHEREOF IS HEREBY ACKNOWLEDGED, THE UNDERSIGNED JOINTLY AND SEVERALLY GUARANTEES DUE PAYMENT OF ALL MONIES TO BE PAID, AND THE PERFORMANCE OF ALL THINGS DONE PURSUANT TO EACH AND EVERY AGREEMENT, CONDITION AND COVENANT CONTAINED IN SAID AGREEMENT OR IN ANY SUPPLEMENT OR AMENDMENT THERETO, OR IN ANY INSTRUMENT GIVEN PURSUANT THEREOF, AS WELL AS DUE PAYMENT OF ALL OTHER OBLIGATIONS WHICH SAID (CUSTOMER NAME _____ AT ANY TIME MAY OWE CITATION SUPPORT, INC. THIS GUARANTEE SHALL NOT BE IMPAIRED BY ANY MODIFICATION TO WHICH THE PARTIES TO SAID AGREEMENT HEREAFTER AGREE, OR BY ANY MODIFICATION, RELEASE OR OTHER ALTERATION OF ANY OF THE OBLIGATIONS HEREBY GUARANTEED, OR OF ANY SECURITY THEREOF, TO ALL OF WHICH THE UNDERSIGNED, AS GUARANTORS, IS DIRECT AND UNCONDITIONAL AND MAYBE ENFORCED WITHOUT REQUIRING CITATION SUPPORT, INC. TO RESORT TO ANY OTHER RIGHT, REMEDY OR SECURITY. IF SUIT IS NECESSARY TO ENFORCE THIS GUARANTEE, THE UNDERSIGNED AGREES TO PAY ANY ADDITIONAL SUM AS REASONABLE ATTORNEY FEES.

GUARANTORS SIGNATURE _____ SSN _____ - _____ - _____

HOME ADDRESS _____

GUARANTORS SIGNATURE _____ SSN _____ - _____ - _____

HOME ADDRESS _____

SIGNATORIES

CLIENT HEREBY WARRANTS THAT THE REPRESENTATIONS HEREIN MADE ARE TRUE AND CORRECT AND THAT THEY ARE MADE FOR THE PURPOSE OF RENTING FROM AND EXTENDING CREDIT TO THE UNDERSIGNED AND THAT THE CLIENT HAS READ AND UNDERSANDS THE TERMS AND CONDITIONS OF THE RENTAL CONTRACT AND THAT ALL WORK PERFORMED OR SERVICES RENDERED FOR THE ACCOUNT OF CLIENT SHALL BE GOVERNED BY THE AFORMENTIONED TERMS AND CONDITIONS. CITATION SUPPORT, INC. IS AUTHORIZED TO OBTAIN SUCH INFORMATION AS MAY BE REQUIRED CONCERNING THE STATEMENTS CONTAINED IN THE APPLICATION AND CLIENT AGREES THAT THE APPLICATION SHALL REMAIN THE PROPERTY OF CITATION SUPPORT, INC. WHETHER OR NOT CREDIT IS GRANTED.

BUSINESS NAME _____

NAME OF AUTHORIZED AGENT (PLEASE PRINT) _____

SIGNATURE OF AUTHORIZED AGENT _____

TITLE _____ DATE _____