

Head Office
115 Scurfield Blvd.
Winnipeg, Mb. R3Y 1G4
Phone (204) 489-0003
Fax (204) 489-9295



Branch Office
1301 Dugald Rd.
Winnipeg, Mb. R2J OH3
Phone (204) 235-1333
Fax (204) 233-6640

Credit Application & Agreement

Legal Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

GST: _____ PST Exempt: _____

Type of Business (please check one)

Sole Proprietor	Partnership	Corporation
Limited Liability Company	Government	Non-Profit

Principal Owners or Officers (Social Security No. if Sole Proprietor or Partnership)

Full Name	Title	Social Security No.	Phone

Accounts Payable Contact

Name	Telephone

References

Bank Information:

Name:	Account No:	
Contact:	Address:	Telephone:

Trade References (please list three)

Company Name	Contact	Telephone	Fax

Proudly Manitoba owned and operated
RENTING – the SMART way to get things done!

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Please supply the following information

1. Credit Amount Requested: _____
2. Does your company require a purchase order? Yes No
3. Do you have insurance to cover theft, fire, and loss of our equipment? Yes No

Note: C&T Rentals and Sales LTD have a Damage Waiver Policy in affect (please see our Damage Waiver Policy for more information). An automatic 7% will be calculated into rental invoice to cover this waiver, and is non-refundable. If this waiver is to be declined please fill out and attach the signed Damage Waiver Policy.

PLEASE READ BEFORE SIGNING

- I/we make this application for a charge account and certify that the above statements are true.
- I/we give authorization to obtain and report business and personal credit information.
- I/We are aware that all invoices are due and payable within 30 days from the date of invoice.
- Any and all delinquent accounts will be subject to a monthly interest rate of 2% per month – 24% per year and is **non-negotiable**.
- I/we agree to the terms and conditions as stated on each and every C&T Rentals and Sales LTD agreement, contract or invoice.
- Renter is aware that they are responsible for stolen, lost or missing equipment.

Customer Name: _____ Acct#: _____

Customer Signature: _____ Date: _____

Title: _____

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