

COMPANY RELATIONSHIP FORM WITH CREDIT CARD

Stayner Rental Limited
7685 County Road 91
P.O. Box 1090 Stayner, On. L0M 1S0
Phone: 705-428-0131 Fax: 705-428-0132
Email Address: staynerrental@bellnet.ca

Date: _____

THE INFORMATION FURNISHED BELOW WILL REMAIN CONFIDENTIAL

Name of Company: _____

Check one of the following: Corporation Partnership Proprietorship

Phone Number: (_____) _____ Fax Number: (_____) _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Name of Person Making Application: _____ Position: _____

Name(s) of Proprietor or Officers: 1. _____

2. _____

Type of Business: _____ Year Established: _____

PERSONS AUTHORIZED FOR COMPANY RENTAL/SALE:

Name: _____ Cell # _____

Name: _____ Cell # _____

Delivery Address: _____

Purchase Orders Required: YES NO

CREDIT CARD DETAILS:

Credit Card Type: VISA MASTERCARD

Credit Card # _____

Expiry Date: _____ V Code # _____

Name on Credit Card: _____

I/we make application for open terms and certify that the information given for the purpose of opening this account is true. I/we authorize verification of the above facts and information arising from thereof.

Signature of Applicant