



CREDIT APPLICATION

Name:	
Address:	
City/State/Zip:	
Telephone:	

Corporation:	
Partnership:	
Individual:	
Government:	

Full Name of Owner or Principal Officers:

Federal Tax # or SS#:		# Of Years in Business:	
Resale #			

TRADE REFERENCES:

Company:		Phone:	
Address:			
City/State/Zip:			

Company:		Phone:	
Address:			
City/State/Zip:			

Company:		Phone:	
Address:			
City/State/Zip:			

BANK REFERENCE:

Bank:		Phone:	
Address:			
City/State/Zip:			
Account #:		Account #	

CREDIT TERMS UPON APPROVAL:

1. Invoices are due and payable within 10 days of start of rental
2. Interest at 1.5% per month will be added to overdue accounts
3. Rentals will not be released unless account is current

We are requesting credit from CP Communications, Inc. to facilitate the rental of equipment and services. We agree to the terms above and authorize CP Communications, Inc. or its agents to investigate the references listed above and authorize the release of information as necessary to determine financial responsibility.

Signature:

Date:

BILLING ADDRESS	
NAME:	
ADDRESS:	
CITY/STATE/ZIP	

ACCOUNTING INFORMATION	
A/P CONTACT	
A/P PHONE	
A/P FAX	
A/P EMAIL	

HOW WOULD YOU LIKE TO RECEIVE INVOICES?

- MAILED TO BILLING ADDRESS
- EMAILED TO _____
- FAXED TO _____

Please return applications to:

[Email: CPAccounting@cpcomms.com](mailto:CPAccounting@cpcomms.com)