# BUSINESS ACCOUNT & RENTAL APPLICATION

Please print clearly. All fields marked with * are required.

DATE RECEIVED: _____

## 1 BUSINESS INFORMATION

* LEGAL BUSINESS NAME

OPERATING NAME (IF DIFFERENT)

* BUSINESS PHONE

* GENERAL EMAIL

WEBSITE

BUSINESS / REGISTRATION NUMBER

HST NUMBER

YEARS IN BUSINESS

EMPLOYEES

* PHYSICAL STREET ADDRESS

* CITY

* PROVINCE

* POSTAL CODE

BUSINESS TYPE: ☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ Other

## 2 PRIMARY CONTACT

* FULL NAME

* POSITION / TITLE

* DIRECT PHONE

* EMAIL ADDRESS

ACCOUNTS PAYABLE CONTACT

ACCOUNTS PAYABLE EMAIL

## 3 AUTHORIZED RENTERS

The people listed below are authorized to reserve, sign for, pick up, and return rental equipment for the business.

| # | FULL NAME | POSITION | PHONE | INITIALS |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

To add or remove an authorized renter later, CTC Equipment must receive written notice from an authorized business representative.

## 4 APPLICANT AUTHORIZATION

- I certify that the information provided in this application is complete and accurate.
- I confirm that the people listed above are authorized to act on behalf of the business for equipment rentals.
- The business accepts responsibility for rentals made by its authorized renters, subject to each rental agreement.
- Submitting this application does not guarantee account approval or credit terms.

* AUTHORIZED REPRESENTATIVE NAME

* POSITION / TITLE

* DATE

CTC USE: Approved / Declined / Pending

* SIGNATURE _____