



# Credit Application

## CANTON CHAIR RENTAL

4850 Southway St. S.W.  
Canton, Ohio 44706  
330-477-7719 1-800-686-4331  
Fax: 330-477-2905



BY:

NAME OF INDIVIDUAL OR FIRM

ADDRESS

CITY

STATE

ZIP

YEARS AT THIS ADDRESS

PHONE NUMBER

E-MAIL ADDRESS

TO:

**CANTON CHAIR RENTAL  
4850 SOUTHWAY ST. S.W.  
CANTON, OHIO 44706  
330-477-7719**

**CREDIT MANAGER : HOLLY MALONEY  
OUR NORMAL CREDIT TERMS:  
1.5% Per Month  
18% Annually**

The following information must be provided. It will be held in the strictest confidence.

### OWNERSHIP:

Corporation     Check here if incorporated in the past 12 months     Partnership     Individual

1.

NAME(S) OF PRINCIPALS(S)

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

2.

NAME(S) OF PRINCIPALS(S)

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

3.

NAME(S) OF PRINCIPALS(S)

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

4.

NAME(S) OF PRINCIPALS(S)

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP

**FINANCE:**

\_\_\_\_\_

BANK

\_\_\_\_\_

BANK OFFICER OR DEPARTMENT

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

BANK ADDRESS

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

**REFERENCES:**

1.

\_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

2.

\_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

3.

\_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

4.

\_\_\_\_\_

BUSINESS NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

**OTHER INFORMATION:**

Are you sales tax exempt?

Yes

No

**If you are sales tax exempt, please include your tax id number and fill out and return the included tax exempt form with your application.**

\_\_\_\_\_

TAX ID NUMBER

Do you require a P.O. Number  Yes  No

Check here if cash sales are okay until credit is approved.

Are only certain individuals able to place orders and authorize a charge with us?  Yes  No

If YES only the following individuals may charge:

\_\_\_\_\_  
\_\_\_\_\_

Please read the attached explanation (page 5 & 6) of our damage waiver.

If you do not want to be charged a DAMAGE WAIVER on each rental, please fill out and return the bottom portion of the DAMAGE WAIVER form with your credit application. If you choose to refuse the DAMAGE WAIVER, you will be responsible for all damage to our equipment while it is in your possession.

- Yes, we want the DAMAGE WAIVER coverage.**
- NO, we choose to refuse the DAMAGE WAIVER coverage**

\_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT NAME

\_\_\_\_\_  
ACCOUNTS PAYABLE PHONE NUMBER

We would like to receive our invoices and statements by:

- FAX** \_\_\_\_\_  
ACCOUNTS PAYABLE FAX NUMBER
- E-MAIL** \_\_\_\_\_  
ACCOUNTS PAYABLE E-MAIL ADDRESS
- MAIL**

We certify that all of the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

\_\_\_\_\_  
SIGNATURE/ELECTRONIC SIGNATURE      TITLE      DATE

***I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree that the information on this form is correct and we (I) understand and agree to the terms stated above.***



STEC-B  
Rev. 3/15/04

## Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

\_\_\_\_\_

*(vendor's name)*

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

**Purchaser must state a valid reason for claiming exception or exemption.**

\_\_\_\_\_

*Purchaser's name*

\_\_\_\_\_

*Street address*

\_\_\_\_\_

*City*

*State*

*Zip code*

\_\_\_\_\_

*Signature/Electronic signature*

*Title*

\_\_\_\_\_

*Date signed*

\_\_\_\_\_

*Vendor's license number, if any*

**I understand that checking this box constitutes a legal signature confirming that the above sales tax exemption information is correct.**

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code.

This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.



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Dear Valued Customer,

We currently charge an 8% Damage Waiver on all rental invoices. This damage waiver is optional and protects you against accidental damage to any equipment (excluding tents) that you rent from us. If accidental damage does occur and you have paid the damage waiver, you are only required to pay 10% of the cost to repair/replace the item or \$10.00, **whichever is greater**. If you decline the damage waiver, you will be responsible for paying the full replacement or repair cost for the item(s) damaged. You must either accept or decline the damage waiver charge for all covered equipment. You may not choose to have damage waiver charged on some items but not others.

One commonly asked question is, "Won't my business or homeowners insurance cover any damage to the equipment?" In most cases, the insurance you have on your business or home does not cover rented equipment unless the policy is specifically amended and you pay an additional charge for this type of coverage.

The damage waiver does not cover loss, theft, or abuse. On the reverse side of our rental contracts is the detailed explanation of our damage waiver policy (below). Please note that damage waiver is not insurance. If you have any questions, please feel free to call Canton Chair Rental at 330-477-7719 or 1-800-686-4331.

If you choose to decline this 8% damage waiver, please sign the form below and return it to us. If we do not receive this form back from you, the 8% damage waiver will be charged on all contracts.

### **Optional Damage Waiver**

If you have purchased our **OPTIONAL Damage Waiver**, you will have no liability to CCR for up to 90% of any physical damage to the applicable (covered) Rented Item(s), except that you will remain liable to CCR in all events for:

- a) All damage to Tent(s),
- b) Damage or loss to any other Rented Items(s) caused in whole or in part by:
  - i. Your breach of any provision of this contract,
  - ii. Theft, disappearance or other failure to return the Rented Items(s),
  - iii. Misuse and/or abuse,
  - iv. Vandalism and malicious mischief,
  - v. Use of alcohol or drugs,
  - vi. Use of any Rental Item in violation of any law or insurance policy.
- c) **And the greater of:**
  - i. 10% of the cost of any and all repairs to and replacement(s) of the Rented Items(s), or
  - ii. \$10.00 USD.

**DAMAGE WAIVER IS NOT INSURANCE.** Your insurance will continue to apply for our benefit and will remain primary (we will be subrogated to your rights under such policy). You agree to assign to CCR all of your rights thereunder and to take all actions necessary to assist us in recovering from your insurer for all damages covered by this Damage Waiver.



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**I decline your damage waiver and understand that by doing so I will be fully responsible for any and all damage that might occur while renting equipment from Canton Chair Rental.**

\_\_\_\_\_  
 Company or Individual

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip code

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Signature/electronic signature

*I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the terms stated above.*

**Complete the entire credit application fill in form and either:**

- a) **Save and e-mail back to:**
  - the person who sent/e-mailed the application to you OR
  - [info@CantonChairRental.com](mailto:info@CantonChairRental.com)
- b) **Fax to: 330-477-2905**
- c) **Mail to: Canton Chair Rental**  
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 Canton, Ohio 44706