



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

EIN

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 fill out and return the included tax-exempt form
with your application.**

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.



CANTON CHAIR RENTAL
4850 SOUTHWAY ST. S.W.
CANTON, OHIO 44706
330-477-7719 1-800-686-4331
Fax: 330-477-2905



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.



CANTON CHAIR RENTAL
4850 SOUTHWAY ST. S.W.
CANTON, OHIO 44706
330-477-7719 1-800-686-4331
Fax: 330-477-2905



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
- b) Fax to: 330-477-2905
- c) Mail to: Canton Chair Rental
4850 Southway St. SW
Canton, Ohio 44706