

**Hometown Equipment Rentals, Inc.**  
**P.O. Box 934**  
**Santa Fe, TX 77517**  
**Office (409) 925.0100 Fax (409) 925.7746**

Company Name \_\_\_\_\_ Date Started \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Related Companies / DBA \_\_\_\_\_  
 Headquarters Location \_\_\_\_\_  
 Person to Contact Regarding Accounts Payable \_\_\_\_\_  
 Check One: Corporation  Partnership  Individual   
 EIN Number \_\_\_\_\_

List of Credit References:

Name	Phone	Fax

List of Complete Names of All Officers:

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_

Who is Authorized To Sign Indebtness Forms and Contracts?

Name	Phone	Fax

Bank Reference:

Name	Address	Phone	Account #

Financial Statement Available? YES  NO  Please Fax Current Copy  
 Purchase Order Required? YES  NO  Job Number? YES  NO  Release Number? YES  NO   
 Taxable? YES  NO  Non-Taxable? YES  NO  Permit #? YES  NO

**(If Applicable, Please Fax Exemption Certificate)**  
**If Applicable, Please Fax Proof of Damage Waiver Insurance With This Application**



I Authorize Release of Any Information Required To Process This Application
_____
Signature
_____
Printed Name
_____
Title