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Do it once, Do it right

CREDIT APPLICATION

Please complete all sections of this application. Incomplete information may result in delay in processing. This credit application can be found on our website at **www.gordrentals.com** under the Contact Us section.

		PLEAS	SE PRINT OR TY	PE					
LEGAL COMPANY NAME IN FULL:							DATE OF APPLICATION:		
							MM DD	YYYY	
TRADE NAME: Same as above									
ADDRESS: (Include unit number or P.O. box, if applicable)			CITY/TOWN:			PROV:	POSTAL CODE:		
			TELEPHONE NUMB	ER:		FAX NUMBE	ER:		
			()			()			
TYPE OF BUSINESS:			ESTIMATED ANNUAL RENTAL VOLUME: \$			REGISTRAT	RATION / INCORPORATION DATE		
PRINCIPALS			•			1			
NAME IN FULL:			☐ Partner ☐ Sole Owner ☐ Signing Officer	YC	YOUR RENTAL INSTRUCTIONS ARE:				
RESIDENTIAL ADDRESS: (Include city/town and postal code)				☐ Obtain written P.O. only					
				☐ Phone officer for auth			orization and/or P.O.		
DRIVER'S LICENCE NUMBER:		TELEPHONE NUMBER:			Obtain & show on invoice, job site or location				
NAME IN FULL:			☐ Partner☐ Sole Owner	Rent only to: Other Instructions (please specify):					
RESIDENTIAL ADDRESS: (Include c	city/town and posta	al code)	☐ Signing Officer						
DRIVER'S LICENCE NUMBER:		TELEPHONE NUMBER:		_					
BANK REFERENCE									
BRANCH NAME:	NAME: BRANCH ADDRESS:			TELE	EPHONE NUMBE	R:	ACCOUNT NUMBER:		
LIST THREE REFERENC									
COMPANY NAME:	NAME: ADDRESS:					TEL: (FAX: ()		
COMPANY NAME:	ADDRES	S:			TEL: ()			
COMPANY NAME:	ADDRES	S:			TEL: ()			
☐ I authorize you to contac	t the reference	ces noted above	e for verification ar	nd ge	neral credit ir	,	,		
AUTHORIZED SIGNATURE			DATE						