

FAX: 502-499-3190  
PHONE: 502-493-4380

Rental  Parts & Service  Equipment Purchase

(Exact Legal) Business Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Name of Parent Company, If Subsidiary \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL; AND WILL BE HELD IN STRICTEST CONFIDENCE:**

OWNERSHIP:  CORPORATION  PARTNERSHIP  LLC  INDIVIDUAL  LLP  OOTHER

Registered Entity: State of organization \_\_\_\_\_; State organization# \_\_\_\_\_;

Federal tax ID# \_\_\_\_\_ Date Organized \_\_\_\_\_.

Individual/Sole Proprietorship: State of residence \_\_\_\_\_.

Name(s) of Principal(s) - All those listed must sign below.

NAME ADDRESS SOCIAL SECURITY NO. PHONE

NAME ADDRESS SOCIAL SECURITY NO. PHONE

NAME ADDRESS SOCIAL SECURITY NO. PHONE

**BANK REFERENCES**

BANK BANK ADDRESS

BANK OFFICER OR DEPARTMENT CHECKING ACCOUNT NUMBER PHONE

BANK BANK ADDRESS

BANK OFFICER OR DEPARTMENT CHECKING ACCOUNT NUMBER PHONE

**FINANCE COMPANIES OR BANKS WITH WHOM YOU HAVE FINANCED EQUIPMENT:**

NAME ADDRESS ACCT. NO. PHONE

NAME ADDRESS ACCT. NO. PHONE

**TRADE REFERENCES:**

NAME ADDRESS ACCT. NO. PHONE

NAME ADDRESS ACCT. NO. PHONE

NAME ADDRESS ACCT. NO. PHONE

If purchases are to be tax exempt, please furnish a signed original Resale Certificate or applicable exemption certificate.

**INSURANCE AGENCY:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

Address \_\_\_\_\_

The undersigned hereby authorizes Bramco-MPS (Company) to (1) obtain information about the undersigned from any credit reporting agency, (2) assign this application for credit to the company's affiliates, financial institutions, other financing sources or their designee solely for their use in potentially providing credit or financing to the undersigned, (3) and hereby authorizes the above named bank(s), financial institution(s), financing sources (and their designee) or trade reference(s) to release such information as is necessary to establish credit with Bramco-MPS or its designee or assignee. I understand payment of the account in full is due by the 10th of the month following date of purchase. If the account is not paid in full by the 10th, a service charge of 1 1/2% per month will be added to the next statement. Payments received from the business entity may be applied against whichever invoice Bramco-MPS chooses. No terms or conditions of a purchase order or similar document shall become part of the contract unless approved by Bramco-MPS in writing. **RENTALS:** For equipment rented at any time by the business entity from Bramco-MPS (whether such rental contract is signed or unsigned), the business entity agrees at its sole expense, to indemnify, defend, protect and save Bramco-MPS and keep it harmless from and against any and all liabilities, obligations, losses, damages, penalties, claims, action, costs, expenses and disbursements of any nature, including reasonable attorney's fees, in any way relating to or arising out of the rental or the selection, manufacture, purchase, acceptance, ownership, delivery, lease, possession, use, operation, condition, servicing, maintenance, repair, improvement, alteration, replacement, storage, return or other disposition of the equipment. rented including without limitation all tort claims of any kind including claims for injury or damage to property or injury or death to any person. The indemnities arising under this paragraph shall survive payment of all other obligations under any such rental. In addition, the business entity agrees to protect Bramco-MPS with public liability insurance for coverage to the limits of the State laws in which the equipment is being rented in such amounts as shall be required by Bramco-MPS. **TO THE EXTENT PERMITTED BY LAW, CUSTOMER WAIVES TRIAL BY JURY IN ANY ACTION BY OR AGAINST Bramco-MPS HEREUNDER. COLLECTION FEES:** If credit is extended, the business entity agrees to pay all costs of collection, including but not limited to reasonable fees of a third party collector, and/or reasonable attorney's fees even though no suit or action is filed, which Bramco-MPS incurs by reason of the business entity's default or breach. If Bramco-MPS is compelled to file suit or action to collect this account, the business entity agrees to pay Bramco-MPS's court costs and reasonable attorney's fees. This Agreement shall be governed by and, interpreted in accordance with the laws of Kentucky. Venue for said suit or action shall lie in a court or proper jurisdiction in Jefferson County, Kentucky, to the extent allowed, by law: provided, however, Bramco-MPS may, at its sole discretion, enforce the terms and conditions of this Application in any court having lawful jurisdiction thereof.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

By signing below, the undersigned individual(s), who is/are either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Bramco-MPS (Company) and any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. I/we affirm my/our identity as the respective individuals identified in the above application.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_