

# REDFISH RENTAL, INC.

- 5306 Hwy. 311, Houma, LA 70360 • Ph.: 985/868-8758 • Fax: 985/868-8786
- 5530 Hwy. 90 E., Lake Charles, LA 70615 • Ph.: 337/437-9433 • Fax: 337/437-9434
- 8027 Hwy. 182 E., Morgan City, LA 70380 • Ph.: 985/702-0223 • Fax: 985/702-0383
- 1750 S. Hwy. 87, Orange, TX 77630 • Ph.: 409/883-8705 • Fax: 409/883-8706
- 696 A. O. Rappelet Rd., Golden Meadow, LA 70357 • Ph.: 985/396-4439 • Fax: 985/396-4580
- 3001 Fairchild Dr., New Iberia, LA 70560 • Ph.: 337/367-0802 • Fax: 337/359-8818

We hereby apply for the extension of credit by the above firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

Date \_\_\_\_\_

Firm's Legal Name \_\_\_\_\_

Operating of Trade Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type Business \_\_\_\_\_ Tax Exempt? (If so, give numbers) \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Date Started \_\_\_\_\_

If incorporated, state in which incorporated \_\_\_\_\_

Principal owners or stockholders:

NAME	ADDRESS	TITLE
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## PERSONAL GUARANTY

Date \_\_\_\_\_ 20 \_\_\_\_

In consideration of your extending at my/our request credit to \_\_\_\_\_  
(Name of Company)

(hereinafter referred to as the "Company"), I/We hereby personally guarantee to you the payment at \_\_\_\_\_  
\_\_\_\_\_ of any obligation of the Company and we hereby agree to bind ourselves to pay you on demand any sum which may become due to you by the Company whenever the Company shall fall to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I/We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

List any specific billing instructions below including need for Purchase Orders and extra copies of invoices.

### TRADE REFERENCES

NAME	STREET	CITY & STATE	PHONE
Name of Bank			Phone
Street Address		Account Number	
City	State		
Federal I.D. Number			

### DAMAGE WAIVER

If approved charge customers accept damage waiver, they shall pay twelve percent (12%) of the total amount shown in rental column of invoice.

If approved charge customers reject damage waiver, they must furnish Redfish Rental, Inc. with a certificate of insurance, or sign a written corporate responsibility agreement which states that they have the necessary coverage and should a loss occur, equipment would be covered.

### RENTAL RATES

All rental rates are based on eight (8) hours daily, fifty-six (56) hours weekly, and two-hundred twenty-four (224) hours monthly. All monthly billings are calculated and invoiced on a twenty-eight (28) day cycle. Overtime charges will be assessed.

IF FURTHER INFORMATION ON OUR DAMAGE WAIVER OR RENTAL RATE POLICY SHOULD BE REQUIRED, PLEASE CONTACT OUR OFFICE FOR A MORE DETAILED EXPLANATION TO BE FORWARDED TO YOU.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS FROM INVOICE DATE. Should it become necessary to place this account or collection, I/we agree to pay all collection costs and attorney fees. I/We also agree that if part payments are made or no payment is made on the account within the terms specified that you have the right to assess and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1½% to the past due balance. This is an annual percentage rate of 18%.

\_\_\_\_\_ Firm Name \_\_\_\_\_

Witness \_\_\_\_\_ By \_\_\_\_\_

Address \_\_\_\_\_ By \_\_\_\_\_

### OFFICE USE ONLY

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_ PERSONAL GUARANTY SIGNED \_\_\_\_\_ DECLINED \_\_\_\_\_

CREDIT LIMIT \_\_\_\_\_ APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_