ACCOUNT APPLICATION FORM



For the purpose of establishing credit with Tamiami Rentals, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct statement of its financial condition.

ENTITY:		
FAX NUMBER:		
	STATE:	ZIP CODE:
torship 🔲 Part	tnership	e 🔲 Corporation 🔲 Other
	· —	
:		
lid certificate):	Yes No	P.O. REQUIRED:
		PHONE NUMBER:
	AC(COUNT NUMBER:
STATE:	ZIP CODE:	PHONE NUMBER:
	ACC	COUNT NUMBER:
		PHONE NUMBER:
	۸۵۵	COLINT NUMBER:
		PHONE NUMBER:
	torship Part	STATE:

ACCOUNT APPLICATION FORM



PROPRIETOR GUARANTY / AUTHORIZATION

FIDOT NAME.

By signing this Application, I authorize Tamiami Rentals or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Tamiami Rentals to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Tamiami Rentals and the marketing of other products and services to me and my business by Tamiami Rentals. I further authorize Tamiami Rentals to share the information received from my consumer credit report with Tamiami Rentals, parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Tamiami Rentals required by the agreement of which this Application is a part.

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INITIAL.

FINOT INAMIE INTER	AL LAST IVAIVIE
TITLE:	
PRESENT HOME ADDRESS:	
CITY: STATE: ZIP COI	DE: PHONE NUMBER:
BIRTH DATE:/SOCIAL SECURITY NUMBER	BER:
DRIVER'S LICENSE NUMBER & STATE:	
AUTHORIZED SIGNATURE	DATE
	are payable within 30 days from the date reflected on the invoice. If the invoice her, we agree to pay a delinquency fee of 1.5% per month on any amount which is
Purchase orders will be accepted as long as no terms other than those se	t forth by Tamiami Rentals are included on the purchase order.
All returned checks will be charged a NSF fee. The NSF fee will be the max account may be placed on a "cash only" basis.	ximum amount allowed by the state in which the check is paid. After which your
the payment of all obligations to Tamiami Rentals until withdrawn by cert	and conditions stated on each and every invoice. We hereby personally guarantee ified mail. We recognize that the credit line may increase or decrease at the account be placed for collection due to non-payment, I will be responsible for all
All indebtedness due to Tamiami Rentals is due and payable at the addres	es on the front of the credit application.
PRINT NAME:	SIGNATURE:
TITLE:	DATE:
FOR OFFICE USE ONLY: Approved Declined	
CREDIT LIMIT: \$	Do you have questions regarding the application?
APPROVAL DATE: / /	Please contact us: (305) 690-0018

Please email completed Account Application Form to info@tamiamirentals.com