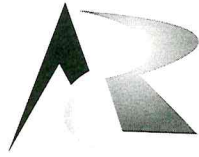


APPLICATION FOR CREDIT



AndoverRentalCenter
Equipment, Tools & Party

328 N. ANDOVER ROAD • ANDOVER, KS 67002 • (316) 733-6530

Name of Firm _____

_____ Date of Application

Address _____

() _____
A/C Telephone

If Corporation, complete the following

_____ President

_____ Vice President

_____ Treasurer

_____ Office Manager

_____ Accounts Payable Department

If Partnership, list names of partners

If Proprietorship, name of owner

() _____
A/C Telephone

REFERENCES

Bank _____

() _____
A/C Telephone

Supplier _____

() _____
A/C Telephone

Supplier _____

() _____
A/C Telephone

Supplier _____

() _____
A/C Telephone

Approved

Disapproved

_____ Date

I, (We), the undersigned, do also personally endorse and guarantee payment of the above account or accounts in full. I, (We), also acknowledge that any accounts 30 days or more are determined to be past due and payable on demand. Should this event occur, I, (We), the undersigned do hereby agree to become liable and responsible for payment of the account or accounts in full and all expenses (including attorney's fee) incurred in the collection thereof.

SIGNATURE _____

DATE _____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND THAT WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT.