



2 Convenient Locations

Main Office:
121 West Pike St.
Covington, KY 41011
Tel: 859-261-1989
Fax: 859-261-1987

Florence,
8420 US 42
Florence, KY 41042
859-283-1989

Please note that the information contained in this file is for the purpose of establishing you with a line of credit that will meet your needs. The more information we have the better we can serve you. Please complete this credit application in full. We thank you in advance for your time and cooperation, and look forward to doing business with you.

Credit Department

*Please allow **2-3 days** for your credit application to be processed.*

TYPE OF ACCOUNT (Check One)

Individual (Non-Business)
sections A, B, D, & E

Business (Less than 5 years old)
Complete sections A, C, D, & E

Business (Over 5 years old) Complete
Complete sections A, C, D, & E

Credit Line Requested \$ _

Credit Line Requested \$ _

Credit Line Requested \$ _

SECTION A

PRINCIPAL / OWNER

NAME _____ HOME PHONE # _____
Last Middle Initial First

ADDRESS _____
Street City State Zip Code

DRIVERS LICENSE# _____ SOCIAL SECURITY # _____ BIRTH DATE _____

HOW LONG AT CURRENT RESIDENCE _____ YEAR(S) _____ MONTH(S) _____ FAX # _____

(Check One) BUYING: MORTGAGOR _____
Name Address City State Zip Code

RENTING: LANDLORD _____
Name Address City State Zip Code

PREVIOUS ADDRESS _____
(If at current address less than 3 years)

NEAREST RELATIVE NOT LIVING WITH YOU _____
Name Address City State Zip Code

CHECKING ACCOUNT WITH _____
Bank City State ACCOUNT #

SAVINGS ACCOUNT WITH _____
Bank City State ACCOUNT #

SECTION B

JOINT APPLICANT / PARTNER / PRINCIPAL

NAME _____ HOME PHONE # _____
Last Middle Initial First

ADDRESS _____
Street City State Zip Code

DRIVERS LICENSE# _____ SOCIAL SECURITY # _____ BIRTH DATE _____

HOW LONG AT CURRENT RESIDENCE _____ YEAR(S) _____ MONTH(S) _____ FAX # _____

(Check One) BUYING: MORTGAGOR _____
Name Address City State Zip Code

RENTING: LANDLORD _____
Name Address City State Zip Code

PREVIOUS ADDRESS _____
(If at current address less than 3 years)

NEAREST RELATIVE NOT LIVING WITH YOU _____
Name Address City State Zip Code

CHECKING ACCOUNT WITH _____
Bank City State ACCOUNT #

SAVINGS ACCOUNT WITH _____
Bank City State ACCOUNT #

SECTION C

BUSINESS INFORMATION

FULL COMPANY NAME _

BILLING

ADDRESS _

Street/Box #

City

State

Zip Code

SHIPPING

ADDRESS _

Street

City

State

Zip Code

BUSINESS PHONE # _

FAX # _

FEDERAL ID# _

(Check One) SOLE PROPRIETOR PARTNERSHIP CORPORATION

HOW LONG IN BUSINESS? _

COMPANY CHECKING _

Bank

Address

City

State

LOANS _

Bank

Address

City

State

PRINCIPALS OF COMPANY

Name Title Address City State Zip Code

Name Title Address City State Zip Code

Name Title Address City State Zip Code

SECTION D

CREDIT REFERENCES / MISC.

CREDIT REFERENCES (No Bank or Credit Card Companies Please)

- 1) - Company Phone # Address City State
- 2) - Company Phone # Address City State
- 3) - Company Phone # Address City State
- 4) - Company Phone # Address City State

- * ARE PURCHASE ORDERS REQUIRED? YES NO
- * ARE JOB NAMES REQUIRED? YES NO
- * ARE YOUR PURCHASES TAX EXEMPT? YES NO

* LIST ALL PERSONS AUTHORIZED TO USE THIS ACCOUNT:

If YES, please attach a copy of your Tax Exempt Certificate.
 State Law requires us to obtain a copy. Note that tax will be charged until we receive the proper form.

* NAME OF PERSON WHO COMPLETED APPLICATION (Please Print) _____

SECTION E

CREDIT AGREEMENT

- The Undersigned(s) grant Steffen's Rental permission to investigate/verify credit information.
- The Undersigned(s) grant Steffen's Rental permission to report to proper agencies and/or credit bureaus the performance of this agreement.
- The Undersigned(s) acknowledge the terms of this agreement. Any amount past due will be assessed a 2% service charge per month (annual rate 24%), net 30 days from the billing date of invoice.
- The Undersigned(s), in states where permitted, agrees to pay, in addition to all sums due, all reasonable costs of collection and suit, including attorney fees.
- By executing this credit application/contract, the Undersigned(s) jointly and severally if more than one (1), agrees to comply with all provisions thereof, and to pay all sums and charges on this or any account opened and/or maintained in my name, including purchase costs of materials and service charges, incurred by me or by my agents.

The Undersigned(s) Personally Guarantee(s)
 Performance of this Credit Agreement.

Acknowledgement of Applicant the

Personal Guarantee Date

Signature of Applicant

Personal Guarantee Date

Print Name

**APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE Title

CREDIT DEPARTMENT

Reference	Phone #	Date Open	High Credit	Terms	Balance	How Pay