



Main Office:
436 W. 13th St
Covington, KY 41011
859-261-1989
Fax: 859-261-1987

2 CONVENIENT LOCATIONS

Florence:
8420 US HWY 42
Florence, KY 410142
859-283-1989
Fax: 859-283-1008

info@steffensrental.com
WWW.steffensrental.com

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.

Please allow 3-5 days for your credit application to be processed

Individual (Non-Business) sections A, B, D, & E
TYPE OF ACCOUNT (Check One)
Business (Less than 5 years old) Complete sections A, C, D, & E
Business (Over 5 years old) Complete sections A, C, D, & E

Credit Line Requested \$

SECTION A

PRINCIPAL / OWNER

NAME Last First Middle Initial CELL PHONE# HOME PHONE #

ADDRESS: Street City State Zip Code

DRIVERS LICENSE# SECURITY# BIRTHDATE:

HOW LONG AT CURRENT RESIDENCE: YEAR(S) MONTH(S)

(Check One)

- O OWN
O MORTGAGE
O RENTING

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

Street City State Zip Code

NEAREST RELATIVE (not living with you):

ADDRESS: Street City State Zip Code

CHECKING ACCOUNT WITH: ACCOUNT NUMBER:

SAVING ACCOUNT WITH: ACCOUNT NUMBER:

SECTION B

JOINT APPLICANT / PARTNER / PRINCIPAL

NAME Last First Middle Initial HOME PHONE #

ADDRESS: Street City State Zip Code

DRIVERS LICENSE# SECURITY # BIRTHDATE:

SECTION C**BUSINESS INFORMATION**

FULL COMPANY NAME: _____

PHYSICAL ADDRESS: _____
Street City State Zip CodeBILLING ADDRESS: _____
Street or PO BOX City State Zip Code

BUSINESS EMAIL: _____

BUSINESS PHONE # _____ FAX # _____ FEDERAL ID# _____

(Check One) SOLE PROPRIETOR PARTNERSHIP CORPORATION HOW LONG IN BUSINESS?COMPANY CHECKING: _____
Bank Address City State Zip CodeLOANS: _____
Bank Address City State Zip Code

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.) _____
Business Name Contact Fax Email Account Number2.) _____
Business Name Contact Fax Email Account Number3.) _____
Business Name Contact Fax Email Account Number

ACCOUNT INFORMATION:

Job site required: O YES O NO

PO required: O YES O NO

Tax Exempt: O YES O NO (if yes# _____/and attach certificate copy)

Email Invoices & Statements O YES O NO Email: _____

List all persons AUTHORIZED to use this account:

ACCOUNTS PAYABLE CONTACT: _____

NAME OF PERSON WHO COMPLETED APPLICATION: _____

