Rental Application

BUSINESS

LESSEE (EXACT LEGAL NAME) | DBA

STREET ADDRESS | CITY | STATE | ZIP | TELEPHONE NO. ( ) -

LOCATION OF EQUIPMENT | CITY | STATE | ZIP | FAX NO. ( ) -

TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY) -
☐ PROPRIETORSHIP	☐ CORPORATION	☐ PARTNERSHIP	☐ LIMITED LIABILITY CO.	STATE OF INCORPORATION

OWNERSHIP

PRINCIPAL **#1** NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. - -

STREET ADDRESS | CITY | STATE | ZIP | HOME TELEPHONE NO. ( ) -

EMAIL ADDRESS | CELL PHONE NUMBER ( ) -

PRINCIPAL **#2** NAME | TITLE | % OWNERSHIP | YRS OF INDUSTRY EXPERIENCE | SOCIAL SECURITY NO. - -

STREET ADDRESS | CITY | STATE | ZIP | HOME TELEPHONE NO. ( ) -

EMAIL ADDRESS | CELL PHONE NUMBER ( ) -

Rental Options (Check one)

RENTAL TERM IN MONTHS

☐ 24 ☐ 36

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Harmony Equipment Rental or Harmony Enterprises Inc. or its designee the use of a

consumer credit report on the undersigned, from time to time as may be needed and also authorizes my/our financial institutions and creditors to release credit information required by Harmony Equipment Rental or Harmony Enterprises Inc. or its designee.

X _____ _____

AUTHORIZED SIGNATURE #1 **DATE**

X _____ _____

AUTHORIZED SIGNATURE #2 **DATE**

EQUIPMENT DEALER

DEALER NAME

Harmony Equipment Rental

CONTACT | PHONE (507)886-6666

EQUIPMENT COST $

EQUIPMENT TYPE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds $75,000 please provide:

* Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote of equipment, if available.

Fax completed application or mail to address below:

FAX: (507) 537-0022

TEL : (866) 537-0011

ECOA NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Administrator, (866) 537-0011 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580