



10711 AURORA AVE N
SEATTLE, WA 98133
PHONE (206) 367-5050
FAX (206) 367-5014
Accounts@HandyAndyRentATool.com

Credit Account Updated Information Form Date _____

Company Name _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____

Email _____ Fax # _____

Website _____

Officers Information
(List The Two Highest Ranking Offices)

Officer's Name _____ Role _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____

Officer's Name _____ Role _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____

Accounts Payable Information

Accounts Payable Contact _____ Phone # _____

Accounts Payable Email _____

Billing Address _____

City _____ State _____ Zip _____

Does Your Company Require Purchase Orders on Invoices Yes No

Does Your Company Require Job Name / Number on Invoices Yes No

Business Information

Proprietorship LLC
Form of Business Partnership Corporation Other _____

Nature of Business _____ Years In Business _____

WA UBI # _____ Federal ID # _____

Resellers Tax # for Concrete Sales Only
(Also Attach A Copy of Permit) _____ Exp. Date _____

Contractors License # _____ Exp. Date _____

Bond Company _____ Bond # _____

Authorization List

(Choose One)

I have attached a list of the names of individuals authorized to sign on my account
I take responsibility for anyone using my account

Damage Waiver Option

(Choose One)

As per the terms of the rental contract, an optional damage waiver is offered at a rate listed on contract.
Accept on all rental contracts
Reject on all rental contracts
Option given to contract signee

Terms of Credit

Invoices will be sent to accounts payable email within 5 business days upon rental contract completion. Monthly account statements will be emailed and postal mailed to billing address during the first week of each month. Net 30 days. Invoices are to be paid in full within 30 days of invoice date. Should account fail to satisfy the invoice charges by the end of the 30 days, Handy Andy reserves the right to charge interest at the rate of 1.5% per month (18% per year) on any unpaid balance, or a minimum re-billing charge of \$2.00, whichever is greater, and account may be placed on hold.

I certify that the above information is true and accurate:

Signature _____

Title _____ Date _____

Personal Guarantee

I personally guarantee payment of any and all indebtedness of the above account and agree to be bound by the terms and conditions.

Signature _____ Date _____

Printed Name _____ Title _____