



HILL IDEALEASE, LLC RENTAL APPLICATION

311 Center Street P.O. Box 218, Martins Ferry, Ohio 43935

Lease _____ Rental _____ Other _____ Date _____

Company Name: _____ USDOT# _____

Address : _____

City: _____ State: _____ Zip _____

Billing

Address: _____

City: _____ State: _____ Zip _____

Contact Name: _____ Phone _____ Fax _____

Type of Business: _____ Year Business Started: _____

Tax Exempt: Yes _____ No _____ Federal ID Number _____

**If Yes, Tax Exemption Certificate To Be Furnished.

Purchase Order Required: Yes _____ No _____

Insurance Deductible or Self Insured: \$ _____ Number of vehicles requested: _____

BANK REFERENCE

Name of Bank _____ Account Number: _____

Address: _____

City: _____ State: _____ Zip _____

Bank Contact: _____ Phone Number: _____

TRADE REFERENCES

**Company Name _____ Account Number: _____

Address: _____ Phone _____ Fax _____

City: _____ State: _____ Zip _____

**Company Name _____ Account Number: _____

Address: _____ Phone _____ Fax _____

City: _____ State: _____ Zip _____

**Company Name _____ Account Number: _____

Address: _____ Phone _____ Fax _____

City: _____ State: _____ Zip _____

*Terms Net 15 days *Insurance Certificate to be furnished

Customer Signature: _____ Email _____

Print Name/Title: _____ Date: _____

**Applicant hereby authorizes Hill Idealease, LLC to investigate all credit references stated above and/or charge a credit card provided by customer.

FULL DISCLOSURE OF TERMS

MONTHLY STATEMENTS (MAILED ON THE FIRST) AND CORRESPONDENCE PERTAINING TO THE ACCOUNT SHOULD BE ADDRESSED TO:

COMPANY NAME _____ ATTN: _____

ADDRESS _____ PHONE: _____

*STATEMENTS AND INVOICES CAN BE EMAILED OR FAXED. IF THIS IS YOUR PREFERENCE PLEASE PROVIDE INFO BELOW:

EMAIL ADDRESS _____ FAX _____

We understand that your terms of payment for services provided are cash, but for our convenience, we hereby make application for a monthly charge account with the understanding that all charges for services provided during a month must be paid in full within 15 days. Finance charges will apply if the new balance is unpaid one month from the closing date of the statement, then further charges on the account will cease to be accepted and a **FINANCE CHARGE OF 2% PER MONTH**, with equates to an **ANNUAL PERCENTAGE RATE OF 24%** will be added to the **PAST DUE UNPAID BALANCE**.

APPLICANT MUST SIGN HERE NOTICE. Everything we have stated in this application is correct to the best of our knowledge. We understand you will retain this application whether or not it is approved. We authorize you and any potential creditor to check our credit and to answer questions about your credit experience between our company and Hill Idealease, LLC as to the charges on account, terms of payment and finance charges expressed above. This contract will take effect upon notification by Hill Idealease, LLC's Credit Supervisor that our application has been approved. The contract will be entered in the state of Ohio and will be constituted according to the laws of Ohio.

Signed _____
OFFICER, PARTNER, OWNER

Date _____

IF INCORPORATED:	_____	_____
NAME OF PRESIDENT	_____	ADDRESS _____
	_____	_____
TREASURER	_____	ADDRESS _____
	_____	_____
IF PARTNERSHIP:	_____	_____
NAME OF PARTNERS	_____	ADDRESS _____
	_____	_____
	_____	ADDRESS _____