9120 Livingston Road, Fort Washington, MD 20744 • P: 301.248.4555 • F: 301.248.7856

**BUSINESS PROFILE APPLICATION FORM**

**Customer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Type ofBusiness or Organization: |  |  |  |
| Company Name: |  |  |  |  |  |  |
| Address: |  |  | City: |  | State: | Zip: |
| Phone Number(s): |  |  | Fax Number: |  | Years In Business: |

**Primary User**

**Please attach copy of your State ID with this application. Required upon submission.**

|  |  |
| --- | --- |
| Name: | Position: |
| Phone Number: | E-Mail: |

**Authorized Employees**

Please list employees that will be authorized to use the account. (As lists change, please fill out another form with an updated list)

**Please attach copy of each authorized employee's State ID with this application. Required upon submission.**

|  |  |  |
| --- | --- | --- |
| Authorized User(s) | Cell Phone Number | E-Mail |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Tax Exemption:** □ Yes □ No

If yes, we will require a copy of the current tax exemption with the exemption number listed.

All documents must be signed and dated in order for us to process this application.

If your company is occasionally exempt but have a unit exemption form to cover the item you are renting at the time; please indicate "No." This will authorize our personnel to make that particular invoice exempt. The form will be required for each exemption.

**Contract Requirements**

Contract requirements are items you elect for employees to provide in order to rent. Please make a selection of the items you would like to provide.

(PO) Purchase Order: □ Yes □ No

Job Number: □ Yes □ No

Job Name: □ Yes □ No

**Damage Waiver:**

If your equipment is damaged while in use, our rental damage waiver will help you avoid out-of-pocket expenses, limit your liability, and control costs. The optional fee is available at an amount of 10% of the items cost. Oxon Hill Rentals assumes risk of damage to rental items, except the following risks assumed by the Customer: (a) Loss, damage, vandalism, malicious mischief, and theft (b) Loss, damage or theft of accessory items such as extension cords, etc. (c) Loss due to mysterious disappearance of wrongful conversion by a person entrusted with rental items (d) Damage waiver is null and void if damage is caused by a third party not associated or related to the Customer.

□ Yes Sign me up for this protection

□ No I do not wish to take advantage of this offer

**Corporate Credit Card On File:**

Name On Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to authorize the credit card listed above for $1 to apply the credit card to the company file. The authorization will drop off the account after 5-7 business days. The users listed on this form may act on behalf of the company to pay for any rentals associated with this card. Any overages or additional charges may be charged to the account without notice to the primary user. If the credit card is no longer active, I agree to submit a new card for the account. Failure to do so will suspended the account.

In consideration of the delivery of certain material: we, the undersigned, do hereby jointly and individually guarantee the payment by aforesaid business concern on the terms as stated in each purchase order or other order given in writing, telephonically, orally, or otherwise by an agency of the aforesaid organization. We further waive notice of nonpayment of the account by said firm and further agree that all or any of the undersigned may be held jointly liable to Oxon Hill Rentals, Inc. This guarantee is owing, the sum of the unpaid balance to Oxon Hill Rentals, Inc. For contribution for its attorney's fees and in addition thereby shall pay all costs of any legal proceeding to enforce collection of the unpaid account.

**Account Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary User (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary User (Signature):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_