



DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949
\*\* TOLL FREE: 877-690-3101 \*\*

\*\*\* NEW CASH-CC ACCOUNT APPLICATION \*\*\*

Are you applying for a [ ] Business Account or [ ] Personal Account?
To expedite the processing of your application please include copies of all documents that you reference in this application.

Company/Personal Name:
DBA Name (if applicable):
Physical Address:
City State Zip:
Primary Phone #: Facsimile #:
Cell / Mobile #: Alternate #:

Primary Contact:

Email quotes to:

Are you Tax Exempt? [ ] No [ ] Yes - Certificate # (supply a copy of your annual tax exempt certificate)

Business is: [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] LLC - Fed Tax EIN:

If applying for a Personal Account we need your Driver's License # State of Issue:

Type of Business: Years in Business:

(Construction, event planner, non-profit, gov't, industrial, commercial, etc.)

Do you require Purchase Order Numbers? [ ] Yes [ ] No

Type of equipment needed:

Will you be [ ] Renting [ ] Purchasing [ ] Service / Repairs from which Discount Equipment location(s) (check all that apply)

From which location(s) [ ] Palm Beach [ ] DISCOUNT-EQUIPMENT.COM (check all that apply)

How soon do you need the equipment: [ ] Immediately [ ] 1 Month [ ] 3 months [ ] 6 months or more?

We do not mail invoices or statements; what email do you want invoices and statements sent?

Billing Address: [ ] Same as above or fill in the below if different.

AP Contact Name:

AP Business Phone: Ext: Business Fax:

AP E-mail address:

Street Address:

City State Zip:



DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949
\*\* TOLL FREE: 877-690-3101 \*\*

\*\*\* AUTHORIZED PURCHASERS (if applicable) \*\*\*

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Best Reach # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Please sign as required & initial ALL pages, then email completed application to: info@discount-equipment.com

Please mail original to: Accounts Receivable Department, DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949

DE-NewAcctCashCC-211017

initials \_\_\_\_\_



DISCOUNT-EQUIPMENT.COM, INC. 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949 \*\* TOLL FREE: 877-690-3101 \*\*

CREDIT CARD AUTHORIZATION
Email to: info@discount-equipment.com

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*\*\*\*\*Discount Equipment requires a photocopy of the front and back of this credit card that is listed below with the signatures clearly visible as well as a copy of the card holder's driver's license. \*\*\*\*\*

Name, address and phone number of the card holder as it appears on the card:

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Card Type: (Circle One) Master Card, Visa, Discover, Amex Is this a Corporate Credit Card? \_\_\_ YES \_\_\_ NO

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 / 4- digit Pin # \_\_\_\_\_

(Visa, Master card - 3 digit located on back of Credit Card \* Amex - 4 digit located on front of credit card)

I agree to any and all charges placed on the above referenced credit card for any and all sales, parts & service incurred at Discount-Equipment.com and its subsidiaries. I agree to be held personally liable and further agree that if an attorney is retained to collect the charges, I will pay all reasonable attorneys fee's and incurred costs. I agree to communicate without delay any matters pertaining to charges or disputes regarding the above Credit Card. In order to preserve my rights, I understand all complaints should be submitted in writing.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please Write Your Rental / Sales Bid Confirmation # \_\_\_\_\_

SHIPPING / DELIVERY INFORMATION

SHIP TO: \_\_\_\_\_ ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PH: \_\_\_\_\_ FAX: \_\_\_\_\_ CARRIER: \_\_\_\_\_

ACCT: \_\_\_\_\_ METHOD: \_\_\_\_\_

NOTES: \_\_\_\_\_

Please sign as required & initial ALL pages, then email completed application to: info@discount-equipment.com Please mail original to: Accounts Receivable Department, DISCOUNT-EQUIPMENT.COM, Inc. 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949

initials \_\_\_\_\_



DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949  
\*\* TOLL FREE: 877-690-3101 \*\*

---

**\*\*\* INSURANCE CERTIFICATES \*\*\***

- PLEASE CHARGE US FOR YOUR DAMAGE WAIVER FEE (14% OF RENTAL RATE).  
NO CERTIFICATE IS ENCLOSED.
  
- PLEASE DO NOT CHARGE DAMAGE WAIVER FEE (14% OF RENTAL RATE). ENCLOSED IS A COPY OF  
OUR INSURANCE CERTIFICATE FOR RENTAL EQUIPMENT SHOWING DISCOUNT-EQUIPMENT.COM AS  
CERTIFICATE HOLDER AND LOSS PAYEE.

**\*\*\* WE MUST HAVE THE CERTIFICATE PRIOR TO RENTING \*\*\***  
***Damage Waiver fees in the interim CANNOT be reversed.***

THE FOLLOWING INFORMATION IS REQUIRED ON ALL CERTIFICATES OF INSURANCE:

1. PHYSICAL DAMAGE COVERAGE/ALL RISK COVERAGE/AND REPLACEMENT COST  
FOR EQUIPMENT THAT IS RENTED, SUCH AS INLAND MARINE OR EQUIPMENT FLOATER POLICY,  
CONTRACTORS EQUIPMENT FLOATER POLICY, PROPERTY FLOATER POLICY.
  
2. **DISCOUNT-EQUIPMENT.COM**, NAMED AS ADDITIONAL INSURED LOSS PAYEE  
AND CERTIFICATE HOLDER.
  
3. MUST HAVE ADEQUATE LIABILITY COVERAGE AND SHOW POLICY COVERAGE DATES.
  
4. COVERAGE CAN BE LIMITED TO A SPECIFIC PIECE OF EQUIPMENT OR  
"BLANKET COVERAGE FOR ALL RENTAL EQUIPMENT."

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign as required & initial ALL pages, then email completed application to: [info@discount-equipment.com](mailto:info@discount-equipment.com)

Please mail original to: Accounts Receivable Department, DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949

DE-NewAcctCashCC-211017

initials \_\_\_\_\_



DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949
\*\* TOLL FREE: 877-690-3101 \*\*

\*\*\* INITIAL DELIVERY LOCATION \*\*\*
- Rentals - Sales - Parts - Service

If applicable - Rental / Sales / Service Bid Confirmation # from attached quote \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Delivery Site Contact Name: \_\_\_\_\_

Delivery Site Contact Phone #: \_\_\_\_\_

Delivery Site Contact Email: \_\_\_\_\_

Use Customer Preferred Carrier: [ ] UPS [ ] FedEx [ ] Best Way Customer's Account #: \_\_\_\_\_
[ ] Other (be specific): \_\_\_\_\_

How Quickly (if available): [ ] First Next Day [ ] Std Next Day [ ] 2-Day [ ] 3-Day [ ] Ground
[ ] Other (be specific): \_\_\_\_\_

\*\*\*\*\* Discount-Equipment.com requires a photocopy of the front of the driver's license of the person that is responsible for payment. \*\*\*\*\*



Please sign as required & initial ALL pages, then email completed application to: info@discount-equipment.com

Please mail original to: Accounts Receivable Department, DISCOUNT-EQUIPMENT.COM 990 W. 15th St. Riviera Beach, FL 33404 Ph: 561-964-4949

DE-NewAcctCashCC-211017

initials \_\_\_\_\_