

**ACCOUNT INFORMATION**

Date \_\_\_\_\_

Business Name \_\_\_\_\_ Business Contact \_\_\_\_\_

Street Address \_\_\_\_\_

Billing Information (if different from above) \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Resale # \_\_\_\_\_

Email Address \_\_\_\_\_ Fed ID/SS# \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_ Accounting Contact \_\_\_\_\_

**CREDIT CARD INFORMATION**

Cardholder Name \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ V/CID Code \_\_\_\_\_

(Visa/MC code is last 3 #s in back, Amex CID code is 4 digit # above Acct #)

**BANK INFORMATION**

Name \_\_\_\_\_ Account # \_\_\_\_\_

Address of Branch \_\_\_\_\_ Phone # \_\_\_\_\_

**COMMERCIAL REFERENCES**

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

**AUTHORIZATION**

Signature: Renter hereby agrees that all of the information included is true and correct. EDGE grip, LLC is hereby authorized to request all necessary credit information from the references above. All contacts listed above are authorized and requested to release any requested information.

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_