



MK EQUIPMENT CORPORATION

1814 HOMERULE STREET
HONOLULU, HAWAII 96819
PHONE: (808) 847-2965 FAX: (808) 848-1594

ACCOUNT/CREDIT APPLICATION

Thank you for renting with us! Please provide the following information so we can give you the best service! Email your completed application to rentals@mkequipment.com. Questions? Call us at 808-847-2965.

ACCOUNT TYPE REQUESTED	
<input type="checkbox"/> BUSINESS – Fill out BUSINESS INFORMATION	<input type="checkbox"/> HOMEOWNER – Fill out HOMEOWNER INFORMATION

HAVE YOU BEEN REFERRED TO US BY ANYONE? IF YES, BY WHOM: _____

BUSINESS INFORMATION			
Company Name/dba:			
Address:			
Accounts Payable Contact Information:			
Email:	Fax:	Phone:	
Total # of Employees:	Annual Sales Volume: \$	Credit Line Requested:	
Years in Business:	General Contractor's License #:		
BUSINESS OWNERSHIP INFORMATION			
1	Full Name:	Phone:	
	Address:	Email:	
2	Full Name:	Phone:	
	Address:	Email:	
CREDIT REFERENCES			
1	Company Name:	Phone:	Fax:
	Address:	Email:	
2	Company Name:	Phone:	Fax:
	Address:	Email:	
3	Company Name:	Phone:	Fax:
	Address:	Email:	

HOMEOWNER INFORMATION		
(MUST BE PERFORMING WORK AT THE ADDRESS PROVIDED BELOW)		
FULL NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
APPLICANT MUST PROVIDE A VALID CREDIT CARD AT THE TIME OF RENTAL VALID DRIVER'S LICENSE REQUIRED TO RENT CERTAIN EQUIPMENT (e.g., TOWABLE EQUIPMENT)		
IDENTIFICATION TYPE (MUST SHOW IDENTIFICATION PRIOR TO RENTAL)		
<input type="checkbox"/> VALID DRIVER'S LICENSE STATE OF ISSUANCE:	<input type="checkbox"/> VALID IDENTIFICATION CARD TYPE OF ID:	

I certify that all statements made herein are true and accurate to the best of my knowledge. I authorize MK Equipment Corporation to check credit reference as necessary. To suppliers: We are intending to establish a credit account with MK Equipment Corporation and hereby authorize you to release information regarding our accounts.

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____