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

ACCOUNT 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	
☐ **BUSINESS –** Fill out BUSINESS INFORMATION	☐ **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:		Contractor's License #:	
FEDERAL TAX ID:			

GUARANTOR INFORMATION			
Full Name:			Phone:
Address:		Email:	
Social Security Number:			DOB:
Guarantor Signature:			

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:		
DATE OF BIRTH:	SOCAIL SECURITY NUMBER:	
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

☐ **VALID DRIVER'S LICENSE NUMBER:**
STATE OF ISSUANCE:

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 references 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: _____