



6301 S. Interstate 45
 Wilmer, TX 75172
 Phone (214)-426-0660
 Fax (214)-426-0600
 Toll Free 800-615-7684

Rental Credit Application

Rental Rep _____ Number of Units _____ Monthly Rate \$ _____

Type / Size / Use of Equipment _____ Requested Delivery Date ____ / ____ / ____

Company Name _____ **BBX-Approval** _____

Physical Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Authorized Rental Contact _____ Phone _____ Fax _____

Accounts Payable Contact _____ Phone _____ Fax _____

Recurring Payments on Credit Card: Y / N Card Number: _____ Exp _____

CIRCLE ONE: **AMERICAN EXPRESS** **DISCOVER** **MASTERCARD** **VISA**

Card Holder Name: _____ Card Billing Address: _____

Yrs in Bus.: _____ No. of Employee's _____ D&B Rating _____ Type of Business _____

SIC Code _____ Sole Proprietor _____ Partnership _____ Corporation _____

Bank References

Bank Name _____ Bank Contact _____

Address _____ City _____ State _____ Zip _____

Account Number _____ Phone # _____ Fax # _____

Trade References

Name _____ Phone # _____ Fax # _____

Contact _____ Acct Opened _____ High Credit _____

Terms _____ Service Provided _____ Comments _____

Name _____ Phone # _____ Fax # _____

Contact _____ Acct Opened _____ High Credit _____

Terms _____ Service Provided _____ Comments _____

Insurance Information

Insurance Co. _____ Phone: _____ Fax: _____

Contact _____ Policy # _____ Expires _____

Semi – Trailer Big Box must be listed on your policy as **ADDITIONAL INSURED and **LOSS PAYEE**, before we can release equipment to the applicant.**

My signature hereby gives authorization for Big Box Storage to do both a trade reference and a bank reference check on this company.

Name _____ Date _____