



1554 Route 209  
Brodheadsville, PA 18322

Phone: 570-992-7979  
Fax: 570-992-7263

## **New Commercial Customer Set-Up Instruction Sheet**

- This is not an application for credit, this is to establish your business as a customer of West End Equipment.
- Please complete ALL sections.
- If employees DO NOT have credit cards with THEIR name on them, the "Credit Card Charge Authorization Form" must be completed.
- Submit this form via:
  - In person
  - Fax 570-992-7263
  - Email: [matt@westendrentall.com](mailto:matt@westendrentall.com)
- Please allow 5-10 business days to get your account open.



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## New Commercial Customer Set-Up Form

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

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

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

EIN: \_\_\_\_\_ Federal Tax Classification *(i.e. sole proprietor, corporation, llc, etc):* \_\_\_\_\_

Business Owners Name: \_\_\_\_\_

Field of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### Who should we contact with any questions about rentals?

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Direct Line/Cell

**Are you tax exempt?** ☐ Yes ☐ No *(If, yes please send in a completed PA tax exempt form)*

### Can you give us the names of other rental companies you have dealt with?

\_\_\_\_\_  
Name

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
City & State

\_\_\_\_\_  
Phone

**Do your employees have company credit cards with THEIR name on them?** ☐ Yes ☐ No

*If the above answer is no, the charge authorization form and employee list page attached MUST be filled out*



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## Credit Card Charge Authorization Form

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

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

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

Employee List		
Employee Name	Employee Driver's License Number	Driver's License State
The above individuals will remain on the account and active unless a new form is submitted. A written acknowledgement from West End Rent All Inc will be sent as confirmation of changes, if no confirmation is received the new form was not received and no changes will take place.		

Credit Card Information Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX

Cardholder Name (as shown on card): \_\_\_\_\_

Business Name (as shown on card): \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize West End Rent All Inc to charge my credit card above, for rentals and purchases on my account made by myself and/or the above listed employees. I understand that my information will be saved to file for future transactions on my account. This authorization will remain in effect until canceled by certified mail.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date