



Edge Auto, Inc.

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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Tax Exempt: YES []

NO []

if yes please include certificate

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT CARD INFORMATION

Primary business address:

City:

State:

ZIP Code:

Company Tax ID or S.S.#:

Telephone:

Fax:

E-mail:

Credit Card Bank Name:

Credit Card #:

Name as it appears on Card:

Exp Date:

Card ID #:

AGREEMENT

1. All invoices are to be paid 20 days from the date of the invoice or Credit Card will be charged.
2. Claims arising from invoices must be made within seven working days.
3. By signing the Card Holder acknowledges the above information to be true.
4. By submitting this application, you authorize Edge Auto, Inc. to charge your credit card for invoices not paid within 20 days.
5. Charges could include: Rentals, Damages, Loss of Use, Tax, and Fuel.
6. Include copy of credit card, front and back.

SIGNATURES

Card Holder's Signature:

Date: