

RENTALS COMPANY
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E-mail us @ accounting@wirtzrentals.com or visit our website @ www.wirtzrentals.com PLEASE PRINT OR TYPE. COMPLETE ALL INFORMATION REQUESTED. THANK YOU.

Firm Name:				
Phone:	Fax:	E-Mail:		
Address:				
City:	State:	Zip:		
		Title:		
Years in Business:		Title: :		
Accounts Payable Manager:		Phone:		
Type of Business:Sole Prop:	Partnership:	Corp:		
References: Bank:		Account #: Phone:		
Suppliers: Supplier:Address:		Phone:		
Supplier:		Phone:		
	Phone:			
Do You Require Purchase Orders Please list all authorized personn	?el and their positions:	Verbal:		
I certify that all the above informa	ation is valid and correct. I	ulso understand that invoices ar	re to be paid in 30	
days. I hereby authorize the release				
Signed:	Title:	Date	o:	
Checked by:		by:Dat		