



# HOUSE OF **House** RENTAL **Parties**

**Skokie**  
5115 Church St.  
Skokie, IL 60077  
Tel. (847) 677-2010  
Fax (847) 677-3790

**Wheeling**  
318 N. Milwaukee Ave.  
Wheeling, IL 60090  
Tel. (847) 537-2255  
Fax (847) 537-4599

**Glenview**  
1766 Waukegan Rd.  
Glenview, IL 60025  
Tel. (847) 657-9020  
Fax (847) 657-9099

## APPLICATION FOR CREDIT

Please mail or fax completed application to: House of Rental, 5115 Church St, Skokie IL 60077 Fax: 847/677-3790  
Email: sue@houseofrental.com

↑ Name of Business or Individual \_\_\_\_\_

↑ Billing Address \_\_\_\_\_

↑ Local Address \_\_\_\_\_

↑ City \_\_\_\_\_

↑ State \_\_\_\_\_

↑ Zip Code \_\_\_\_\_

↑ City \_\_\_\_\_

↑ State \_\_\_\_\_

↑ Zip Code \_\_\_\_\_

↑ Individual to whom Billing and Inquires should be directed \_\_\_\_\_

Email: \_\_\_\_\_

Number of years at this address \_\_\_\_\_

Office Phone : \_\_\_\_\_

[ ] P.O. **IS** required

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

[ ] P.O. is **NOT** required

Email : \_\_\_\_\_

The following people are authorized to rent unless we receive **written** notice of change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are a: Corporation [ ]

Partnership [ ]

Individual [ ]

Nature of your Business \_\_\_\_\_

Name of Principal \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Bank Officer:** \_\_\_\_\_

**Acct #:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

I understand and agree to **House of Rental's** terms of credit (see page 2) and authorize **House of Rental** to verify the credit information provided.

**Signature of**

⇒ Principal: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please complete all reference information on other side of form).

## HOUSE OF RENTAL CREDIT TERMS

**House of Rental's** terms of credit is net 30 days. A finance charge of 2.0% per month, minimum of \$5.00, will be charged to any unpaid balance at 60 days and your credit will be suspended. Reinstatement of account is accomplished only by full payment of account, including all incurred finance charges.

A statement will be mailed to you at the end of each month in which your account was active. Please review your statement to verify that we have properly applied your payments and that you have received all invoices listed. Call us promptly if you need a duplicate invoice mailed or faxed to you.

### Credit References

LIST ONE **RENTAL COMPANY** WHERE YOU HAVE ESTABLISHED CREDIT and *three local* businesses.

PLEASE FILL IN COMPLETE ADDRESS WITH CITY, STATE, ZIP CODE, PHONE AND FAX NUMBERS TO AVOID DELAYS IN PROCESSING YOUR APPLICATION.

**Rental Company:** \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business:** \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business:** \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business:** \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Be sure to complete all requested information before returning the form

Please mail or fax completed application to: House of Rental, 5115 Church St, Skokie IL 60077. Fax: 847/677-3790  
or email: sue@houseofrental.com

For office use only:

1 [ ] [ ] [ ]      2 [ ] [ ] [ ]      3 [ ] [ ] [ ]      4 [ ] [ ] [ ]      5 [ ] [ ] [ ]

Verification of credit