



COMFORT HOUSE
EQUIPMENT RENTAL

CUSTOMER APPLICATION

Legal Company Name: _____

(DBA): _____

(For Personal/homeowner accounts) Individual Name: _____

EIN: _____ Tax Exemption # (if applicable): _____

Billing Address: _____

(If billing is a PO Box or the job site address please fill out the physical address)

Physical Address: _____

Office Phone Number: _____ Office Fax Number: _____

Accounts Payable Name: _____ Phone number: _____ Ext # _____

If you would like your invoices emailed to you please provide us with an email address.

_____ @ _____ . _____

Owners/Officers:	Name	Title	Personal Address:	Telephone #

Credit References:	Company Name	Address	Telephone #

- * Please note that **ALL Deliveries, pickups and Relocations take one to two business days.**
- * Customer is responsible for calling in for the pickup of Equipment to stop billing.
- * There is a **28 day minimum rental on all equipment except roll off dumpsters.**
- * Equipment is billed in **ADVANCE on a 28 DAY CYCLE (13 bills a year) and will be pro-rated if applicable.**
- * Roll off Dumpster are billed **On Delivery and Per Pull.**

By signing I state that all information given above is true to the best of my knowledge. I understand that I am financially responsible for ALL orders ordered on my account. I give authorization to contact credit references listed above.

Name

Date



2450 Titan Row, Orlando, FL 32809
Phone: 407-647-2002 • Fax: 407-647-3786 • www.ComfortHouseInc.com

Serving Central Florida Since 1968!

