



Rental Application

General Information

Company Name: _____
Physical Address: _____
Contact Name: _____
Phone: _____
Fax: _____
Email: _____

Billing Information

Billing Method: _____ Fax or _____ Email
Billing Contact: _____
Billing Address: _____
Phone: _____
Fax: _____
Email: _____

Credit Check Information

Organization Type: ___ Sole Proprieter ___ Corporation ___ LLC ___ Partnership
Owner Name: _____
Home Address: _____
Phone: _____
Email: _____

The undersigned is either a principal or owner or personal guarantor and authorizes Memphis Ice Machine Company the use of consumer credit reporting to obtain a credit history on this company or individual.

Signature & Date: _____

ACH Payment Information

Bank Routing #: _____
Account #: _____
Account Type: _____
Authorized Signature: _____

PLEASE ENCLOSE A COPY OF A VOIDED CHECK TO VERIFY ACCOUNT INFORMATION

This form and other information can be returned by

Faxing to: 901-360-9197

Emailing to: clark@memphisice.com

Mailing to: 4130 Delp St. Memphis, TN 38118