

## Sales Information

Sales Rep Name:	
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## Company Information

*Business Name:	City of Powder Springs	*Tax ID:	58-6005266
*Physical Address – Please provide Billing Address if different:	4484 Marietta Street		
*City:	Powder Springs	*State/Province:	GA
		*Zip/Postal:	30127
		Country:	
Billing Address:	P.O. Box 46		
*City:	Powder Springs	*State/Province:	GA
		*Zip/Postal:	30127
		Country:	
*Type of Business:	Municipality	Owner Name:	Al Thurman, Mayor
Owner Phone Number:	770-943-1666, x 313	Owner Email Address:	pconner@cityofpowdersprings.org
Parent Company:			

## Reference Information

Reference Name:		Reference Type:	
Reference Account Number:		Reference Account Type:	
Contact Name:		Phone Number:	
		Contact Email:	
Reference Name:		Reference Type:	
Reference Account Number:		Reference Account Type:	
Contact Name:		Phone Number:	
		Contact Email:	


## Billing Information

*Accounts Payable Contact:	Travis Sims, Finance Director	*A/P Phone Number:	770-943-1666
*AP Email Address:	tsims@cityofpowdersprings.org	Do you want your invoices emailed to you? If so, please enter email address below. pconner@cityofpowdersprings.org	
Email Address:		Re-enter email Address:	
*PO Required?	Yes	*Tax Exempt? If yes, please email Tax Exemption Certificate to email address below	
*Do you carry Physical Damage Coverage for Rented Equipment?	Yes, see COI		

\*LLW (Loss Limitation Waiver) fees will be charged until certificate is approved. For further explanation on LLW see our Website.

## Terms and Conditions

The entered information is represented to be true and correct and is provided to the company in order to extend credit to the Applicant. The company is hereby authorized to contact and make appropriate inquiry from available sources, references and banks listed above. It is understood that any information provided or obtained as a result of this Application For Credit will be kept confidential and will be used only to evaluate the Applicant's credit worthiness. The Applicant agrees to pay any and all accounts according to the terms as listed on the invoice or contract. In the event no terms are listed then the Applicant agrees to pay the account or charges within 10 days of presentation of any invoice or billing. It is further understood and agreed that if amounts owed are not paid when due that the Applicant will pay all of sellers costs of collection, reasonable attorney fees, court costs or late charges called for in the contract or allowed by law. It is agreed that in the event of litigation that the venue will remain in Maricopa County Arizona. By checking the box below, the Applicant agrees to the above terms and conditions to open a credit account.

*Signature of Applicant:		*Title:	Mayor	*Date:	11/9/21
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\*I agree to the terms and conditions specified above

Please return completed form to [creditapprovalreq@mobilemini.com](mailto:creditapprovalreq@mobilemini.com) or fax to 480-477-6093