FEDERAL/MILITARY

1. Fill out form and save changes

2. Fax to: 1-877-735-7450 Email to: GOVRENTS@UR.COM



STATE & LOCAL

- 1. Fill out form and save changes
- 2. Local branch to enter in RM screens 3 & 51
- 3. Email to: newcreditaccounts@ur.com and CC GOVRENTS@UR.COM include tax exempt certificate

Government Account Set-Up Form

| For United Rentals Use Only | | 1. Branch Employee | | | 2. Branch | 3. City / State | | | Sales Rep Code | | |
|---|---------------|--------------------------|-----------------------------|------------------|------------------|-------------------------|---------|----------------|----------------|-------|--|
| Branch Employees: Fill out first three boxes. | | | | | | | T | , | | | |
| | | Government Dept Approval | | | | Date Approved ACCOUNT # | | | IT# | | |
| To United Rentals (North Ame For the purpose of establishin Applicant represents and war | ng an acco | unt wit | | | | | | | ng informa | tion. | |
| Agency Name (Account Name) | | | | A/P Contact Name | | | | | Date | | |
| Agency Address | | | | | Billing Address | | | | | | |
| City | | tate Zip Code City | | City | , | | | State | Zip Code | , | |
| Agency Phone Number | Agend | Agency Fax Number | | | A/P Phone Number | | | A/P Fax Number | | | |
| Ext | | | | Ext | | | | | | | |
| Agency E-mail | | | | | A/P E-mail | | | | | | |
| | | | | FED II | D # | | | | | | |
| GOVERNMENT AGENCY INFORM | IATION | | L | | | | | | | | |
| 1. Level of Government | Military | Fed | deral State Lo | cal | | | | | | | |
| | Other (ple | ease spe | ecify): | | | | | | | | |
| 2. Do you require a purchase order number on each invoice? | | | | | | | | Yes | No | | |
| 3. Do you have any restriction on who can order or sign for equipment? | | | | | | | | Yes | | No | |
| If Yes, a list of authorized person | nel must acc | company | this application | | | | | | | | |
| 4. Do you require a monthly statement? | | | | | | | | Yes | | No | |
| 5. Do you wish to purchase optional Rental Protection Plan on each contract? | | | | | | | | Yes | | No | |
| 6. Are you eligible for GSA contract pricing? | | | | | | | | GSA | | N/A | |
| Supporting documentation must I | be submitted | if not all | ready listed as eligible to | use GSA | A sources. | | | | | | |
| 7. Are you eligible for State & Local Government contract or cooperative pricing? State contract price | | | | | TX | MAS | HGAC | E&I | Sourc | ewell | |
| | | | | | ent HC | DE Choice | Partner | GSA | CMAS | | |
| 8. Is your organization tax exempt? If yes, please provide a copy of the exemption certificate. | | | | | | | | | | No | |
| Terms: Each invoice is due and pa | yable within | 30 days | from the invoice date. | | | | | | | | |
| Method of Billing: | | | | | | | | | | | |
| Always send my invoices ele | ctronically v | ia Wide | Area Work Flow (WAW | VF) | | | | | | | |

Always send my invoices electronically via GovPay.

Always send my invoices in the mail to the above billing address.

Method of billing will vary on each order.

Other (please specify):

Additional Comments, (Authorized agents, etc):

The undersigned warrants that all information is correct, has read, accepted and agrees to be bound by all of the terms set forth in this document and in each rental contract ordered by the undersigned or his/her agents. Facsimile copies will be accepted as originals.

The Federal Equal Credit Opportunity Act/regulation B prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW Washington, D.C. 20580.