



Thank you for your inquiry in regards to opening an in-house charge account with Barry Equipment & Rental. In order to open an account for your company, we require the completion and return of the attached documents.

1. Signed Credit Application completed in full or separate company information sheet attached.
2. Request for Credit/Bank Reference sheet dated, signed and name/title printed so that we can contact your listed credit and bank references for information.
3. Idaho State form ST-10 if you are exempt from paying Idaho State Sales Tax.

Once you have completed the required forms, you may scan and email to [mary@barryrental.com](mailto:mary@barryrental.com) (preferred method), fax to (208) 734-0461 or mail packet to:

Barry Equipment & Rental  
465 Addison Ave W  
Twin Falls ID 83301

If you have any questions, please feel free to contact me at (208) 732-7368.

Sincerely,

Mary Howard  
Credit Manager

**In-House  
Credit Application**



Company Name (as listed in D&B): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_  
 Year Company Established: \_\_\_\_\_ Years at present location: \_\_\_\_\_  
 Name of parent company (if subsidiary): \_\_\_\_\_  
 Name of parent company (if division/branch of): \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Estimated Sales: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
 This business is organized as:  Individual  Partnership  Corporation Year Inc: \_\_\_\_\_

**For Proprietorship, Partnership and closely-held Corp., please list following for Principals or Officers:**

Title	Name	Address	Phone Number(s)	SS Number
President				
Vice President				
Secretary				
Treasurer				

**Credit References**

**List only names of companies from whom you have purchased on open accounts in the last 12 months**

Name _____	Acct# _____	Phone _____
Address _____		Fax _____
Name _____	Acct# _____	Phone _____
Address _____		Fax _____
Name _____	Acct# _____	Phone _____
Address _____		Fax _____
Bank (Personal) _____	Acct# _____	Phone _____
Address _____		Fax _____
Bank (Business) _____	Acct# _____	Phone _____
Address _____		Fax _____

**I hereby authorize my credit and financial information released to Barry Equipment & Rental.  
 Payment due date is the tenth of the following month after purchase.  
 All accounts left unpaid are subject to finance charges.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Request for Credit/Bank  
Reference**



Creditor/Bank: \_\_\_\_\_ Regarding: \_\_\_\_\_

**The above applicant has given your name as a credit reference. We would appreciate your advising us of your credit experience with them. Your reply will be kept strictly confidential. For your convenience, you can email this form to [mary@barryrental.com](mailto:mary@barryrental.com) (preferred) or fax to (208) 734-0461.**

<b>Vendor Reference</b>	
Date account opened _____	High Credit _____
Terms <input type="checkbox"/> Net _____ Days <input type="checkbox"/> COD <input type="checkbox"/> Prepay Other _____	
Current balance _____	Amount past due _____
Average days to pay _____	Date of last order _____

<b>Bank Reference</b>	
Date account opened _____	Date of last transaction _____
Checking Avg Balance _____	Savings Avg Balance _____
Bal on secured loans _____	Bal on unsecured loans _____
Amount past due _____	Avg days to pay _____

Comments: \_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize my credit information to be released to Barry Rental, Inc on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name/Title

If you have any questions, please call Mary Howard, Credit Manager at (208)732-7368.

ST-101

EFO00149  
10-20-09

Idaho State Tax Commission  
SALES TAX RESALE OR EXEMPTION CERTIFICATE

Seller's Name			Buyer's Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

**1. Buying for Resale.** I will sell, rent, or lease the goods I am buying in the regular course of my business.

a. Primary nature of business \_\_\_\_\_ Describe the products you sell, lease, or rent \_\_\_\_\_

b. Check the block that applies:  Idaho registered retailer. Seller's permit number \_\_\_\_\_  
 Wholesale only, no retail sales (required - see instructions)  
 Out-of-state retailer, no Idaho business presence

**2. Producer Exemptions** (see instructions). I will put the goods purchased to an exempt use in the business indicated below.  
Check the block that applies and complete the required information.

Logging Exemption  
 Broadcasting Exemption  
 Publishing Free Newspapers  
 Production Exemption (check one):  Farming  Ranching  Manufacturing  Processing  Fabricating  Mining

List the products you produce: \_\_\_\_\_

**3. Exempt Buyer.** All purchases are exempt, and no permit number is required. Check the block that applies.

<input type="checkbox"/> Advocates for Survivors of Domestic Violence and Sexual Assault, Inc.	<input type="checkbox"/> Center for Independent Living	<input type="checkbox"/> Nonprofit Children's Free Dental Service Clinic	<input type="checkbox"/> Senior Citizen Center
<input type="checkbox"/> American Indian Tribe	<input type="checkbox"/> Emergency Medical Service Agency	<input type="checkbox"/> Nonprofit Hospital	<input type="checkbox"/> State/Federal Credit Union
<input type="checkbox"/> American Red Cross	<input type="checkbox"/> Federal/Idaho Government Entity	<input type="checkbox"/> Nonprofit Museum	<input type="checkbox"/> Volunteer Fire Department
<input type="checkbox"/> Amtrak	<input type="checkbox"/> Forest Protective Association	<input type="checkbox"/> Nonprofit School	
<input type="checkbox"/> Blind Services Foundation, Inc.	<input type="checkbox"/> Idaho Foodbank Warehouse, Inc.	<input type="checkbox"/> Qualifying Health Organization (see instructions for list)	
	<input type="checkbox"/> Nonprofit Canal Company		

**4. Contractor Exemptions** (see instructions).

a. Invoice, purchase order, or job number to which this claim applies \_\_\_\_\_

b. City and state where job is located \_\_\_\_\_

c. Project owner name \_\_\_\_\_

d. This exempt project is: (check appropriate box)

In a nontaxing state. (To qualify, materials must become part of the real property.)  
 An agricultural irrigation project.  
 For production equipment owned by a producer who qualifies for the production exemption.

**5. Other Exempt Goods and Buyers** (see instructions).

<input type="checkbox"/> Aircraft used to transport passengers or freight for hire	<input type="checkbox"/> Livestock sold at a public livestock market
<input type="checkbox"/> Aircraft purchased by nonresident for out-of-state use	<input type="checkbox"/> Medical items that qualify
<input type="checkbox"/> American Indian buyer holding Tribal I.D. No. _____	<input type="checkbox"/> Pollution control items
This form doesn't apply to vehicles or boats. See instructions.	<input type="checkbox"/> Research and development goods
<input type="checkbox"/> Church buying goods for food bank or to sell meals to members	<input type="checkbox"/> Snowmaking/grooming equipment, or aerial tramway component
<input type="checkbox"/> Food bank or soup kitchen buying food or food service goods	<input type="checkbox"/> Other goods or entity exempt by law under the following statute (required: _____)
<input type="checkbox"/> Glider kits for IRP-registered vehicles	
<input type="checkbox"/> Heating fuel	

**Buyer: Read and sign.** I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.

Buyer's Name (please print)	Buyer's Signature	Title
Buyer's Federal EIN or Driver's License No. and State of Issue		Date

**Seller:** Each exemption a customer may claim on this form has special rules (see instructions). It's your responsibility to learn the rules. You must charge tax to any customers and on any goods that don't qualify for a claimed exemption and are taxable by law.

- This form may be reproduced.
- This form is valid only if all information is complete.
- The seller must keep this form.