



**CUSTOMER PROFILE**

1555 Atlantic Drive, West Chicago, IL 60185 Phone: (630)665-8800 Fax: (630)665-6484  
1550 W. Northfield Drive, Brownsburg, IN 46112 Phone: (317)852-9400 Fax: (317)852-9600  
4418 Merchant Road, Fort Wayne, IN 46818 Phone: (260)484-0667 Fax: (260)484-7257  
2400 Tower Drive, Kaukauna, WI 54130 Phone: (920)766-2300 Fax: (920)766-2400  
1305 Sentry Drive, Waukesha, WI 53186 Phone: (262)547-7737 Fax: (262)547-6429

\*\* Please check appropriate and location box above \*\*

All customers need to have a **Certificate of Insurance** with "**Progressive Leasing dba 1st Choice Vac Solutions**" listed as the certificate holder and as "Additional Insured" or "Loss Payee" before renting any equipment. Certificate must include General Liability, Excess Liability, Workers Compensation & Employers Liability.

Full Legal Business Name: \_\_\_\_\_ SIC Code: \_\_\_\_\_ FED. ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

Ship to: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ PO Used? Yes No

Business Organization: Individual Partnership Corporation LLC State of \_\_\_\_\_ Tax Exempt/Resale # \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Type of business: \_\_\_\_\_

Website: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Who is the key financial decision maker? Name: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

**OWNERS/PRINCIPALS**

Name(s) Principal(s)	Title	Social Security #	Home Address	Phone #/Cell #	% Owner
1. _____					
2. _____					
3. _____					

**INSURANCE**

\_\_\_\_\_  
Name of Agency Contact Name Phone Fax

**CONTACT INFORMATION**

Name(s)/Title	Address	Phone #/Cell #
1. _____		
2. _____		
3. _____		

\_\_\_\_\_  
Date Signature Print Name Title



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I, \_\_\_\_\_, of \_\_\_\_\_ certify that I am the authorized holder and signer of the credit card referenced below. I certify that all information is complete and accurate. I hereby authorize collection of payment to 1<sup>st</sup> Choice Vac Solutions for all sales, rentals, parts and services rendered against the credit card listed below including appropriate tax and freight charges. I authorize \$\_\_\_\_\_ to be automatically charged to my card every \_\_\_\_\_ beginning \_\_\_\_\_ and ending \_\_\_\_\_.

<b>Credit Card Billing Information:</b>	
Company Name:	
Card Holder Name/Position:	
Billing Address:	
Billing Phone Number:	
Credit Card Type: (Circle One)      VISA      Mastercard	CVV Code: (3 digit security code on card)
Credit Card Number:	Exp. Date:
Driver's License Number:	
Shipping Address:	

**Please attach a copy of the front and back of signed credit card & driver's license.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**