

BUSINESS INFORMATION			
BUSINESS OR CORPORATE NAME			APPLICATION DATE
DBA OR OTHER BUSINESS NAME			
BUSINESS STREET ADDRESS		BILLING ADDRESS	
CITY	STATE	ZIP	CITY STATE ZIP
BUSINESS TELEPHONE NO.	BUSINESS FAX NO.	TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION: DATE INCORPORATED / /	
YEAR BUSINESS WAS ESTABLISHED	HOW LONG UNDER CURRENT OWNERSHIP? ___ YRS. ___ MOS.	NO. OF EMPLOYEES	PRINCIPAL PLACE OF BUSINESS IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
TYPE OF EQUIPMENT RENTED		CONTACT	
TYPE OF BUSINESS		CONTRACTOR'S LICENSE NO.	MONTHLY CREDIT REQUESTED: \$
PARTNERS (IF A PARTNERSHIP)	OFFICERS (IF CORPORATION)		OWNER (IF SOLE PROPRIETORSHIP)
NAME	TITLE	DATE OF BIRTH	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP SOCIAL SECURITY NO.
NAME	TITLE	DATE OF BIRTH	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP SOCIAL SECURITY NO.
NAME	TITLE	DATE OF BIRTH	HOME PHONE NO.
HOME ADDRESS	CITY	STATE	ZIP SOCIAL SECURITY NO.
BANK REFERENCES			
NAME	ADDRESS	ACCOUNT NO.	PHONE NO.
NAME	ADDRESS	ACCOUNT NO.	PHONE NO.
TRADE REFERENCES			
NAME	ADDRESS	PHONE NO. FAX NO.	ACCOUNT NO.
NAME	ADDRESS	PHONE NO. FAX NO.	ACCOUNT NO.
NAME	ADDRESS	PHONE NO. FAX NO.	ACCOUNT NO.
NAME	ADDRESS	PHONE NO. FAX NO.	ACCOUNT NO.

Has Applicant or any of its Owners, Principals, Partners, Officers, or Directors ever filed a voluntary petition in bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? _____

Are taxes owed by Applicant to any taxing authority current? _____ Has a tax lien or civil suit been filed against Applicant or any of its Owners, Partners, or Officers within the past six years? _____

PLEASE COMPLETE AND SIGN REVERSE SIDE.

SOCAL RENTAL-Equip Rent, Inc.

1405 E. Route 66
Glendora, CA 91740
626-857-3505
Fax. 626-857-3514

CUSTOMER BILLING INFORMATION

Please indicate those items below that will assist you in processing your payment most efficiently. We will make every effort to provide this information on each and every invoice.

____ P.O.# ____ Job # ____ Job Name Tract # ____ Job Address ____ Signature

The following individuals are authorized to approve rental transactions on behalf of our company:

_____ NAME	_____ TITLE	_____ NAME	_____ TITLE
_____ NAME	_____ TITLE	_____ NAME	_____ TITLE
_____ NAME	_____ TITLE	_____ NAME	_____ TITLE

Do you want our rental center to call your purchasing department at the time of rental for authorization? ____ Yes ____ No
If yes, number to call: _____ Person to Contact _____

DAMAGE WAIVER TERMS

Damage Waiver will be charged on all contracts unless a certificate of insurance is provided. We must be listed as an additional insured and loss payee, and a minimum per item coverage of \$100,000 is required. If a certificate of insurance is not on file at the time of rental, the Damage Waiver fee will be charged on all contracts until the certificate of insurance is received at our office.

OPEN ACCOUT CREDIT TERMS

Our terms are Net 10th Prox. All invoices are due by the tenth day of the following month. Equipment rented for more than 4-week period will be issued invoices every 4 weeks for the rental charges due.

PRELIMINARY LIEN NOTICES

SOCAL RENTAL- EQUIP RENT, INC. files preliminary lien notices whenever total billing warrants such action. This is a Company policy, and is not a reflection on your credit standing.

Person to contact for Preliminary Lien Information: _____ Telephone No. _____

THE UNDERSIGNED warrants that all of the information provided in this Credit Application is true and correct. We have read and hereby agree to the terms of an open account and further agree to the terms and conditions as set forth in each and every contract. In case of default in payment, action instituted, it is agreed that the action shall be brought and tried in Los Angeles County, California, and that we agree to pay the sum of reasonable attorney's fees and court cost. The undersigned authorizes the release of credit information to SOCAL RENTAL- EQUIP RENT, INC, for the purpose of establishing credit. Any corporate parties represent that if this Credit Application requires the approval of its board of directors and/or shareholders, such approval has been obtained and officers of any corporate party have been duly elected and qualified and are acting within the scope of their authority in executing this Credit Application

_____ Signature	_____ Title	_____ Date
_____ Print Name		

Personal Guarantee

The undersigned hereby personally guarantees the full and prompt payment of all obligations and liabilities of the customer named on the reverse side of this Credit Application to SOCAL RENTAL- EQUIP RENT, INC., including amounts now owing and arising in the future. This guarantee shall remain in full force and if effect until notice is received in writing by certified mail, return receipt requested. This future notice shall specify the date of termination, not to be less than ten (10) days from the date of the notice, and shall not affect any charges incurred prior to the termination date.

Signature

Date

Print Name