


 Cash Account

 Credit Account

Salesman: _____

CREDIT APPLICATION

156 W. MISSION AVE., ESCONDIDO, CA 92025

FAX NO. (760) 743-6900

BUSINESS CONTACT INFORMATION

Company Name:		Amt. Requested:\$	
Contact:	Title:		
Company Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

BUSINESS AND CREDIT INFORMATION

Billing Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Tax Id:	
How Long At Current Address:		Date Started:	
Sole Proprietorship:	Partnership:	Corporation:	LLC:
Bank Name:			
Bank Address:		Phone:	
City:	State:	ZIP Code:	
Type of Account	Account number		
Savings			
Checking			

BUSINESS/TRADE REFERENCES

Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

AGREEMENT

The above information is submitted for the purpose of obtaining credit with Toolshed Equipment Rental. The undersigned authorizes Toolshed to make such inquires as are necessary to obtain credit information from applicant's bank, suppliers and credit references. Applicant agrees to pay all charges according to the terms of sale. Credit terms are Net 30. Past due accounts will be charged a service charge of 1.5% per month. (Annual percentage rate of 18%).

I/we agree that in the event suit is commenced to enforce collection, the jurisdiction and venue of the action shall be exclusively in the Superior Court for the County of San Diego, San Diego Branch, except that if the amount is within the jurisdiction of the Superior Court, the jurisdiction shall be exclusively in the Superior Court for the County of San Diego, San Diego Judicial District.

I/we agree to pay all legal costs including collection agency fees, costs, legal costs, and reasonable attorney's fees if it becomes necessary to enforce collection or file suit. Applicant authorizes Toolshed Equipment Rental to obtain credit and financial information concerning the applicant at anytime. I/we certify that everything stated on this application is true and correct to the best of my/our knowledge.

COMPANY REPRESENTATIVE SIGNATURE

Signature: _____
 Print Name: _____ Title: _____
 Date: _____

PERSONAL GUARANTEE

Signature: _____
 Print Name: _____
 Date: _____ SS No. _____