

CREDIT APPLICATION

Corporate (858) 278-8351	San Diego (858) 278-8338		Fontana (909) 429-9100	Imperial (760) 355-7700	Indio (760) 863-5558
New Applica	ation 🗌 Upda	ate 🗌 Char	nge Ownership	🗌 Re – open	Closed Account
Do you have any relat	ed accounts with us?	Yes No	If Yes, under what na	me?	
P.O.'s REQUIRED?	P ☐ Yes ☐ No	Please attach	a list of current cre	dit references.	
Company Informa	ation:				
Name					
Address				State Zi	0 -
Phone:					
Accounts Payable Ma	nager	nager Email Address			
Type of Business Con	ducted				
Check Applicable Box		_ _	oration 🔲 Other Sta		
TAX ID #	TAX EXEMPT #_		_ CONTRACTORS I	_IC #	
The Owners and/or A	Authorized Officers	Are: (attach additio	onal pages if necessa	ry)	
Name	Title	N	ame	Title	
Name	Title	N	ame	Title	
Financial Information	n – Short Form: (add	ditional information	may be required)		
Number of Years in Bu	usiness	Annual Sales \$		Net Worth \$	
Bank Name		Branch L	ocation	Contact	
Bank Account #		Pho	one	Fax	
Other Rental Supplier Used (name) Phone Phone					
Monthly Needs For:	Rental Equipment	\$	Parts / Se	ervice \$	
CERTIFICATION: The informat Clairemont Equipment and its re from any and all liability resultin	epresentatives and employees	. The application when sul			
TERMS OF THE ACCOUNT: P balance is subject to a SERVIC service charge is computed by a	E CHARGE if any amount rem	ains unpaid past the due of			. However, your total past due ntage Rate of 18%. The monthly
AGREEMENT: We or I hereby Clairemont Equipment, service court fees. If a corporation, pay company written notice will be s right to terminate service and pa	charges imposed and in case of ment is automatically unconditi sent 15 days prior to Clairemor	of default of payment, action onally guaranteed by own at Equipment's credit depart	ons instituted. It is agreed that ers and officers of the corpora rtment, 7651 Ronson Road. S	we or I promise to pay the o tion. Upon change in princip	cost of reasonable attorney and als and/or legal owners of said
Full Name of Firm					
By	tner or Authorized Officer of				
Signature of Owner, Par	ther of Authorized Officer (or company	Printed Name 8	x IIIle	Date
	Sort ACH RESALE TAX CE				

CURRENT CREDIT REFERENCES

(Must provide 5 Credit References)

1. Name:	Account #		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
2. Name:	Account #		
Address:			
City:	State:	Zip:	
Phone:	Fax:		
3. Name:	A	ccount #	
Address:			
	State:		
Phone:	Fax:		
4. Name:	A	ccount #	
Address:			
City:	State:	Zip:	
Phone:	Fax:		
5. Name:	Account #		
Address:			
City:	State:	Zip:	
Phone:	Fax:		

Please Complete and Mail, Email or Fax to: CLAIREMONT EQUIPMENT Credit Department 7651 Ronson Road San Diego, CA 92111 Fax: 858-492-9959 Email: gimm@cecsd.com

Client Release Authorization Form

For use of Consumer Credit Reports

Last Name	First	M.I
Home Address	City	Zip
SS#	Date of Birth	
Joint Spouse Report:		
Last Name	First	M.I
Home Address	City	Zip
SS#	Date of Birth	

The undersigned hereby consent(s) to Clairemont Equipment Credit use of a non-business consumer credit report on the undersigned in order to further evaluate the creditworthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Clairemont Equipment to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Signature

Signature

Date_____