



CREDIT APPLICATION

Corporate (858) 278-8351 **San Diego** (858) 278-8338 **Escondido** (760) 739-9100 **Fontana** (909) 429-9100 **Imperial** (760) 355-7700 **Indio** (760) 863-5558

New Application **Update** **Change Ownership** **Re – open Closed Account**

Do you have any related accounts with us? Yes No If Yes, under what name? _____

P.O.'s REQUIRED? Yes No **Please attach a list of current credit references.**

Company Information:

Name _____

Address _____ City _____ State _____ Zip _____ - _____

Phone: _____ After Hours Phone _____ Fax _____

Accounts Payable Manager _____ Email Address _____

Type of Business Conducted _____

Check Applicable Box. This Company is a: California Corporation Other State Corporation Sole Proprietorship
 Partnership A Subsidiary of Another Company – Give Full Details.

TAX ID # _____ TAX EXEMPT # _____ CONTRACTORS LIC # _____

The Owners and/or Authorized Officers Are: (attach additional pages if necessary)

Name _____ Title _____ Name _____ Title _____

Name _____ Title _____ Name _____ Title _____

Financial Information – Short Form: (additional information may be required)

Number of Years in Business _____ Annual Sales \$ _____ Net Worth \$ _____

Bank Name _____ Branch Location _____ Contact _____

Bank Account # _____ Phone _____ Fax _____

Other Rental Supplier Used (name) _____ Phone _____

Monthly Needs For: **Rental Equipment \$** _____ **Parts / Service \$** _____

CERTIFICATION: The information provided is accurate and for the purposes of obtaining credit. Full authorization to collect or verify any information is hereby granted to Clairemont Equipment and its representatives and employees. The application when submitted releases all trade creditors, banks and other parties their agents and employees from any and all liability resulting from providing or verifying or using said information.

TERMS OF THE ACCOUNT: Payment is due net 30 days from invoice date. No service charge is added if your account is paid according to terms. However, your total past due balance is subject to a SERVICE CHARGE if any amount remains unpaid past the due date. This service charge is computed at the Annual Percentage Rate of 18%. The monthly service charge is computed by multiplying the previous months balance by 1.5%.

AGREEMENT: We or I hereby agree to the terms and conditions outlined herein and on the reverse of the rental contract and rental, sales and service invoices used by Clairemont Equipment, service charges imposed and in case of default of payment, actions instituted. It is agreed that we or I promise to pay the cost of reasonable attorney and court fees. If a corporation, payment is automatically unconditionally guaranteed by owners and officers of the corporation. Upon change in principals and/or legal owners of said company written notice will be sent 15 days prior to Clairemont Equipment's credit department, 7651 Ronson Road. San Diego, CA 92111. Clairemont Equipment reserves the right to terminate service and parts supply due to failure to comply with terms & conditions of rental contract.

Full Name of Firm _____

By _____
Signature of Owner, Partner or Authorized Officer of Company Printed Name & Title Date

ATTACH RESALE TAX CERTIFICATE AND A LIST OF ALL AUTHORIZED ACCOUNT USERS.
(Additions or deletions to the Authorized Account Users list must be in writing and signed by the above Member of Firm.)
(PLEASE COMPLETE CREDIT REFERENCE LIST)

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: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

4. Name: _____ Account # _____

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: accounting@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 _____