

*Nor-Cal Equipment*

Rentals

9400 Jackson Road  
Sacramento, Ca 95826

Phone: 916-388-9850

Fax: 916-381-6048

Date \_\_\_\_\_

Credit Application

Account Name \_\_\_\_\_

Fax # \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Address of Current Job \_\_\_\_\_

Type of Business \_\_\_\_\_

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

How many years in business \_\_\_\_\_ State Contractors License# \_\_\_\_\_

Pres. (owner) Name \_\_\_\_\_ Address \_\_\_\_\_ Soc Sec# \_\_\_\_\_ Birth Date \_\_\_\_\_

Sec. (Partner) Name \_\_\_\_\_ Address \_\_\_\_\_ Soc Sec# \_\_\_\_\_ Birth Date \_\_\_\_\_

Bonding Co \_\_\_\_\_

Bond # \_\_\_\_\_

Effective Date \_\_\_\_\_

Name of Bank \_\_\_\_\_ Acct# \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone \_\_\_\_\_

Credit References (Businesses)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Terms: 1. Net 30 Days 2. All accounts with past due balances may be placed COD and if equipment is still out, the equipment will be picked up immediately. 3. Serve California preliminary notices and require all the necessary information upon placing an order.

We accept the above mentioned credit terms:

Signature \_\_\_\_\_ Title \_\_\_\_\_

Personal Guarantee: The undersigned does hereby guarantee to Nor-Cal Equipment Rentals the payment of this Acct.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_