

Credit Application

Date:	Credit Line Requested:			
Business Name:	dba:			
Year Established:	Number of Employees: Main Email:			
Billing Address:				
	Street	City	State	Zip Code
Shipping Address:				
	Street	City	State	Zip Code
	Accounts Payable Contact:			
	Accounts Payable Phone Number:			
				ner:
	Estimated Sales this year:			
Federal Tax ID Number:	State Contractors License:Has the business o			
owner been involved in, or	[·] currently o	perating under bankrup	otcy protection?	, If yes, please explain:
	-	r individual, please prov omplete Address:	-	rincipal owner:
Cell Phone Numbe	er:	9	% of Ownership:	
Primary Bank Name:		Checking Balan	ce:	Date Opened:
Address:				
Str	reet	City	State	Zip Code
Contact Name:		Phone		
**** Please provide a copy	/ of your cur	rent sales tax exemptio	n with this applicatio	n. Failure to do so will result
in sales tax being charged	on all invoic	es. ****		
Please provide 3 trade refe	erences. Incl	ude, Full Name, Title, A	ddress, Phone Numbe	er, and Email
1				
2				
3				
		Terms and Condi	tions - Net 30	
				refer your account to any legal
Services, the applicant shall pa	ay all legal services and the service of the servic	vice fees, court fees, and ju	udgement in favor of No	or-Cal Equipment Rentals
or its assignee.				
				nt and other good and valuable
				Is the payment of any obligation
				als on demand any sum which
				nt shall fail to pay the same. It is
understood that this guarante				
			ner) legal representative	s and successors and assigns and
shall inure to your benefit and			n alaatua nia fa ma	
* The parties agree that this co	edit applicati	on may be maintained in a	n electronic form	
Authorized Signer:		Title		Date:
Print Name:				

9400 Jackson Road. Sacramento, CA. 95826 916-388-9850