



9130 E. Rosecrans Ave., Bellflower, CA 90706  
(562) 630-5896 • Fax (562) 630-8307

5302 Lincoln Ave., Cypress, CA 90630  
(714) 527-5171 • Fax (714) 527-1283

10500 Atlantic Blvd., South Gate, CA 90280  
(323) 567-1353 • Fax (323) 567-2065

The following information is provided for the purpose of establishing credit for you:

Firm Name \_\_\_\_\_ Licence or ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Office \_\_\_\_\_ Phone Fax \_\_\_\_\_

Phone Cell \_\_\_\_\_ Phone Alt \_\_\_\_\_

Contact Person \_\_\_\_\_

Business Type \_\_\_\_\_ Salesperson \_\_\_\_\_

Email Address \_\_\_\_\_ Credit Limit Requested \_\_\_\_\_

Purchase Order Info Required Y or N

Job site information Required Y or N

Damage Waiver Required Y or N \*If N we need a current insurance cert. See Liability Form

Received by information Required Y or N

**Accounts Payable Details**

AP Contact Name \_\_\_\_\_ AP Contact Phone \_\_\_\_\_

AP Contact Fax # \_\_\_\_\_ AP Email \_\_\_\_\_

**Name of Principals or Owners:**

Name \_\_\_\_\_ Residence Address \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Residence Address \_\_\_\_\_ Position \_\_\_\_\_

**Existing Rental Company with open account:**

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

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

**Bank References, Address, Acct.Number and Phone Number:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Persons Authorized to order work** 1. \_\_\_\_\_ 2. \_\_\_\_\_

American Rentals Inc terms are Net 30 days from date of invoice. Finance charges at 1 1/2% per month will be charged on all accounts after 30 days. In the event of a default of payment the applicant's account. American Rentals Inc. shall be entitled to reimbursement for costs incurred, including interest at the rate of 10% annum, and attorney's fees in the amount of the unpaid balance of applicants account.

I/We personally guarantee payment for all materials and labor purchased by the above firm, and further represent that neither the above applicant nor the undersigned has ceased to pay its/his debts in the ordinary course of business or affairs, that it/he can pay its/his debts as they become due and that it/he is solvent within the meaning of the Federal BANKRUPTCY ACT NO STATEMENT WILL BE SENT.

Credit Card Number \_\_\_\_\_ EX Date \_\_\_\_\_ CVV \_\_\_\_\_

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