



Corporate Office:
6682 Gateway Park Dr.
San Diego, CA. 92154
(619) 710-4949 * Fax (619) 710-4951

For Office Use Only
Acct # _____
Date _____

NEVADA
 4918 Donovan Way
 N. Las Vegas, NV. 89081

CALEXICO
 2430 Enterprise Blvd.
 Calexico, CA. 92231

SAN DIEGO
 6682 Gateway Park Dr.
 San Diego, CA. 92154

FONTANA
 15733 Boyle Ave.
 Fontana, CA. 92337

NEVADA
 546 Wedge Lane
 Fernley, NV. 89408

CREDIT APPLICATION

Date _____ Credit Line Requested _____

BUSINESS NAME _____

Name of Parent Company if Subsidiary _____

Proprietor or Partners' Names _____ e-mail address _____

Billing Address _____ City _____

State _____ Zip Code _____ Phone # _____ Fax # _____

RESIDENCE

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

TYPE OF BUSINESS _____ Year Established _____

At present location since (date) _____ Previous address, if less than 1 year _____

Is business incorporated? _____ Fed. I.D. # _____ S.S. # _____

Resale? _____ Resale # _____

REFERENCES: (Give only names of those you buy from on open account. Their ADDRESS, ZIP CODE, TELEPHONE and FAX is required.)

At least 3 references required. Incomplete applications will be returned.

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Tire Account _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

PURCHASE ORDER REQUIRED? Yes No

Real Estate Owned _____ Value \$ _____ Mortgage \$ _____

Yard Address _____

Where do you bank? _____ Account # _____ Phone # _____

All accounts are net 10. Finance charge of 1½% per month will be charged on past due accounts. In the event of collection all costs, including attachment, court costs and reasonable attorney's fees, will be added to the amount outstanding, and will be paid by the purchaser.

Signed _____
 (Full Name of Business)

By _____
 (Member of Business)

Continued on reverse

AUTHORIZATION TO RELEASE BANK INFORMATION

Many banks will no longer release credit/account information without written authorization from their customer. In order to expedite processing of your request for an open account, please complete and sign authorization below.				
To: Bank Name	Bank Street Address	City	State	Zip
Authorized Signature				Date

AUTHORIZATION TO RELEASE TRADE/ACCOUNT INFORMATION

You are hereby authorized and requested to release credit/account information requested by Southwest Trailer Rentals on the following customer for their confidential use in determining our credit decision.	
Account Name	Date
Account Number(s)	Authorized Signature

PERSONAL GUARANTEE

<p>The undersigned guarantees fully, without reservation or offset the payment of any sums due from the above noted "Applicant," in the event said Applicant fails to pay any such sum when and as due. The undersigned waives notice of default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. Undersigned hereby gives permission to use any tools necessary to determine credit worthiness.</p>	<p>Debts, liabilities and obligations incurred, despite discharge and bankruptcy or despite adjustment of such debts, liabilities and obligations and solvency proceedings or pursuant to some other compromise with creditors. This instrument shall be a continuing guarantee and shall remain in full force and effect until written notice is received from the undersigned to be released from further or future liability hereunder.</p>	
_____ Signature of Guarantor	_____ Print Name	_____ Date
If credit is granted (I) (We) promise to pay bills when rendered. (I) (We) understand all invoices are payable in ten (10) days and that a service charge of 1½% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (We) will pay all costs of collection. If legal action is required (I) (We) will pay reasonable attorney's fees resulting from such action.		

TO BE FILLED OUT

The undersigned consents to Southwest Trailer Rentals obtaining a consumer credit report on _____	
for the purpose of evaluating the creditworthiness of _____ in connection with an application for business credit.	
_____ Signed by	_____ Date
_____ Social Security #	_____ Home Address

LIABILITY INSURANCE: Minimum \$1,000,000 liability required and additional insured listing. COMP/COLLISION-Maximum \$1,000 deductible. We must be named as additional insured and loss payee.	
Insurance Company: _____	Local contact: _____
Phone: _____	Fax: _____
COMMENTS: _____	

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