

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

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 Reque	ested		
BUSINESS NAME	_						
Name of Parent Company if Subsi	diary						
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 add	ress, 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. Ph. # Acct. # Fax # Name City State Street Address Zip Name Acct. # Ph. # Fax # City Zip Street Address State Acct. # Ph. # Fax # Name City State Street Address Zip Credit Card # Exp. Date Туре **Billing Address** City State Zip PURCHASE ORDER REQUIRED? DYes No Real Estate Owned Value \$ Mortgage \$ Yard Address Where do you bank? Account # Phone # All accounts are net 10. Finance charge of 112% 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:

Print Name:

(Legal Representative of the Company)

ITHORIZATION 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.						
o: Bank Name	Bank Street Address	City	State	Zip		
uthorized Signature				Date		
JTHORIZATION TO F	RELEASE TRADE/AC	COUNT INFORMATION				
		nation requested by Southwest Trailer Rentals on	the following customer for their cor	nfidential use in		
Account Name				Date		
Account Number(s)		Authorized Signature				
ERSONAL GUARANT	ſEE					
demand for payment and aging reasonable attorney's fees and a	ue. The undersigned waives no rees to pay all expenses of any applicable interest thereon. T gned hereby gives permission to thiness.	collection, including instrument shall be a his guaranty shall effect until written notice	uant to some other compromis continuing guarantee and shall is received from the undersigned eunder.	remain in full force an		
Signature of Guarantor		Print Name	I	Date		
month will be added to (my) (our)) past due account. In the event	. (I) (We) understand all invoices are payable payment is not made and (my) (our) account				
	s required (i) (we) will pay reasonal	ble attorney's fees resulting from such action.				
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