



COMPANY NAME/ADDRESS

Name of Business: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Fax: _____ Email: _____

Federal Tax I.D. Number: _____

Contractor's License No.: _____

Does your company require a purchase order? Yes No

Do you have physical damage coverage for rental equipment? Yes No

Please attach Insurance certificate.

Do you have liability insurance coverage? Yes No

Please attach Insurance certificate.

COMPANY INFORMATION

Type of Business: _____

In Business Since: _____

Legal Form Under Which Business Operates:

Corporation Partnership Proprietorship

If Division/Subsidiary, Name of Parent Company: _____

In Business Since: _____

Name of Company Principal Responsible for Business Transactions:

_____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Social Security No. _____

Name of Company Principal Responsible for Business Transactions:

_____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Social Security No. _____



BANK REFERENCES

Bank & Branch:	Account no. & Type:	Contact & Telephone no.:
Bank & Branch:	Account no. & Type:	Contact & Telephone no.:
Bank & Branch:	Account no. & Type:	Contact & Telephone no.:

TRADE REFERENCES

Company name:	Company name:	Company name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. The undersigned acknowledges that past due accounts (30 days and over) are subject to service charges of 1.5% per month (18% per annum). A faxed copy of this document will be treated as an original.

Signature

Date

INDIVIDUAL PERSONAL GUARANTEE

I _____ residing at _____

for and in consideration of the extension of credit to (Applicant) _____ of which I am the (Title) _____

hereby personally guarantee to West Coast Pneumatics, Inc. payment of any obligation of Applicant and I hereby agree to bind myself to West Coast Pneumatics, Inc. to pay on demand any sum which may become due to West Coast Pneumatics, Inc. by the Applicant whenever the Applicant shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Applicant. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed, and to all renewals and extension of credit. The undersigned guarantor agrees to pay, in the event any amount becomes delinquent and is submitted for collection, attorney's fees plus all attendant collection costs. This agreement and personal guaranty shall be construed under the laws of California. Jurisdiction shall lie in Sacramento County, the state of California.

Signature

Date

