



# CREDIT APPLICATION

Fax: 714.452.1594

Applying For the Following: Parts \*\* Service \*\* Rentals \*\* Forklift Purchase (Circle One)

**CUSTOMER**

Complete Legal Name		Telephone	
Address	City	State	Zip

DESCRIPTION OF BUSINESS	Annual Sales	In Business Since	No. of Employees	Amount of Credit Requested
BUSINESS: Corporation-publicly held ___ Corporation-closely held ___ Partnership-General ___ Partnership-Limited ___ Sole Proprietorship ___				
STRUCTURE: If a division or subsidiary, name of parent corporation:				

LICENSING INFORMATION	Federal Tax No.	Resale No.		
BANK REFERENCES	Name	Branch Location	Telephone No.	
	Checking Account No.	Contact		

TRADE REFERENCES: (open accounts only)	Firm Name	City	Fax No.	Telephone No.	Contact Name
	1				
	2				
	3				
	4				

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS	Name	Position	%Ownership in Company	SS# if partnership or proprietorship	
	Home address	City	State	Zip	
	Name	Position	%Ownership in Company	SS# if partnership or proprietorship	
	Home address	City	State	Zip	

IS P.O. # required? Yes  No

PERSONS AUTHORIZED TO PURCHASE	Name	Title	Telephone No.
	1		
	2		
	3		

THE UNDERSIGNED AGREES TO THE FOREGOING AND REPRESENTS THAT THE INFORMATION GIVEN IS TRUE, COMPLETE AND CORRECT AND AGREES TO ALL TERMS AND CONDITIONS, INCLUDING THE REVERSE SIDE HEREOF, OF THIS AGREEMENT. The undersigned authorizes Select Equipment Sales, Inc., and its assigns & successors, to obtain any credit information for the purposes of establishing, extending, and maintaining an account with Select Equipment Sales, Inc., its assigns & successors. In consideration of Select Equipment Sales extending credit to the above named customer's account and all indebtedness thereunder and the full, prompt and faithful performance by buyer of all terms, covenants and conditions of the agreement, the undersigned hereby waives any notices regarding this guarantee.

Name (Please Print)	Title	Social Security #	Home Address, City, State, Zip
Signature	Date	Home Phone	

IF THIS APPLICATION IS BEING FAXED, THE FAX COPY IS TO BE CONSIDERED TO BE TO BE THE ORIGINAL COPY AND ALL TERMS AND CONDITIONS WILL APPLY AS IF THE ORIGINAL WAS RETURNED. \_\_\_\_\_ (INITIALS)  
 THIS CREDIT APPLICATION MUST BE COMPLETED IN ITS ENTIRETY AND SIGNED AND INITIALED ABOVE. PLEASE ENCLOSE A COPY OF YOUR CURRENT FINANCIAL STATEMENT TO FACILITATE CREDIT APPROVAL.