



6 N. Milpas St., Santa Barbara, CA. 93103  
 (805) 963-1987 Fax (805) 963-2818  
 www.milpasrentals.com

## BUSINESS CREDIT APPLICATION

DATE OPENED _____	DATE APPLICATION RECEIVED _____
CREDIT LIMIT _____	<b>OFFICE USE --- DO NOT WRITE IN THIS BOX</b>
ACCOUNT NO _____	

Name of Business \_\_\_\_\_ Business Tel # \_\_\_\_\_

Division/Subsidiary/Business Unit of: \_\_\_\_\_

**Business Street Address** \_\_\_\_\_ FAX # \_\_\_\_\_

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

**Previous Address (If changed in last 12 months)** \_\_\_\_\_

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

**Billing Address (if different)** \_\_\_\_\_

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

### YOUR PURCHASING POLICIES

WILL "PURCHASE ORDERS" BE REQUIRED? YES \_\_\_\_\_ WRITTEN \_\_\_\_\_ VERBAL \_\_\_\_\_ NO \_\_\_\_\_

WILL "JOB NUMBERS" BE REQUIRED? YES \_\_\_\_\_ WRITTEN \_\_\_\_\_ VERBAL \_\_\_\_\_ NO \_\_\_\_\_

**WHO WILL BE AUTHORIZED TO SIGN ON THIS ACCOUNT?** I/We agree to accept all charges made by authorized persons. The following persons are authorized to sign on this account: *(Please include the person signing this application and identify by asterisk (\*) who, other than that person, has authority to modify this list.)*

Name	Position	Pager/cellular	Driver's License #	State

IF MORE ROOM IS NEEDED FOR EMPLOYEE LIST PLEASE USE BACK OF THIS FORM

**For your protection and ours, we have a firm policy of declining anyone not on the list. Customer is solely responsible for updating the list of authorized persons.**

INFORMATION ON BUSINESS AND ITS OWNER(S) OR OFFICERS

Legal Form of Business: Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietorship \_\_\_\_ Tax ID # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year started: \_\_\_\_\_

(If applicable) Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Web address (if applicable): \_\_\_\_\_

Owner/Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Email address: \_\_\_\_\_

Owner/Officer's Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Email address: \_\_\_\_\_

BANK REFERENCES

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Commercial? \_\_\_\_ Personal? \_\_\_\_

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Commercial? \_\_\_\_ Personal? \_\_\_\_

TRADE REFERENCES (3 required)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Acct. # \_\_\_\_\_ FAX No.: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Acct. # \_\_\_\_\_ FAX No.: \_\_\_\_\_

TRADE REFERENCES (continued)

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Acct. # \_\_\_\_\_ FAX No.: \_\_\_\_\_

TERMS

We bill by Statement sent on the first of each month. Payment is due within thirty (30) days. We do not offer a discount for early payment. Accounts are delinquent after thirty days. A service charge of 1-1/2% (minimum \$1.50) is added to the unpaid balance every 30 days. Accounts that become 60 days past due will be put on a cash (COD) basis. If the account becomes 70 days past due, it will be sent to a collection agency unless satisfactory arrangements for prompt payment are made. If sent to collection, Customer will be responsible for all "past due" amounts, late charges, collection fees, attorney fees and court costs. All such charges must be paid before Milpas Rental Inc. will consider re-establishing credit. An account that is not used for 24 months will be treated as inactive and closed.

Milpas automatically adds 8% to each invoice for the "Equipment Protection Plan". It is NOT optional. You may, however, avoid this charge by providing evidence of suitable insurance including General Liability, Automobile Liability for owned and non-owned vehicles and Equipment/Physical Damage coverage for Rented Equipment with a limit showing the replacement cost of the equipment rented. If interested, please request details of required insurance. EPP will not be waived until Milpas' requirements are met.

Customer is responsible for assuring that its employees are properly trained to operate the equipment rented from Milpas Rental Inc.

Milpas Rental Inc. requires that the job location and approximate length of rental be given each time equipment is rented. Anyone authorized to rent from Milpas must also have a valid California Driver's License.

STATEMENT OF ACCURACY AND AUTHORIZATION TO CHECK CREDIT HISTORY

This information is furnished for the purpose of obtaining credit and is warranted to be true, complete and accurate. We hereby authorize Milpas Rental Inc. to investigate the references listed relating to my/our credit and financial responsibility and to check our credit history.

If this application is made as an individual, a proprietorship or as a small, closely held corporation, I/we hereby authorize Milpas Rental Inc. to check my/our individual credit history in connection with a business transaction involving Milpas Rental Inc. Milpas Rental, Inc. may require a Personal Guarantees from corporate officers.

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of rental and/or sale as stated herein. I also accept and agree that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies and assigns.

Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



## PERSONAL GUARANTEE

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of \_\_\_\_\_ owed to Milpas Rental, Inc. This personal guarantee will remain in force until revocation is received by certified mail to the address and attention of: Milpas Rental, Inc., 6 N. Milpas Street, Santa Barbara, CA 93103, Attention: Accounts Receivable Department. Revocation shall not affect indebtedness incurred prior to receipt of written notice.

Individual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_



**BANK REFERENCE RELEASE**  
**(One for each bank on application)**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Attn: Accounting Supervisor

In connection with my application for Business Credit, I (we) give Milpas Rental Inc. permission to inquire about the \_\_\_\_ Commercial and/or \_\_\_\_ Personal bank accounts identified below:

Checking Account # \_\_\_\_\_

# \_\_\_\_\_

Savings Account # \_\_\_\_\_

# \_\_\_\_\_

I am aware my signature may be sent by fax or as a copy of this authorization.

\_\_\_\_\_  
Print Individual/Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

