## **DEFATTE EQUIPMENT, INC**

Credit Application for Commercial Credit Account

www.DefatteEquipment.com / 2700 N State St – Ukiah, Ca 95482 / (707)463-1057

CUSTOMER INFORMATION						
Legal Name of Company:		Fe	ed Tax ID:			
Trade Name (if diff)			Contractor License #			
Billing Address	PH:		Physical Address			
Business Type: O LLC - O "C" Corp - O "S" Corp - O Partnership - O Sol	e Prop.		AP Contact:			
State of Incorporation: Year Establish	ned		AP Email:			
Company is a: O Subsidiary of or O Division of			AP Phone:			
Parent Company:	Parent Company: DUNS#					
Address:			Controller Name:			
City / State / Tin			Controller Phone:			
City / State / Zip						
Fed Tax ID:	Yr:	State:				
Company owner's name:		Title:	DL# & State	DL# & State		
Home Address:		% Own:	SSN:			
City / State / Zip	Home Phone:	Home Phone:				
If you have answered yes to the above question, please attaché a separ Are financial statements available for review? YES / NO Public Co Is a blanket Purchase Order used authorizing rentals at Defatte Equipr Is a Purchase Order to be included on each invoice? YES / NO *If yes Authorization to use Consumer Credit Report The undersigned individual as a sole proprietor or as principal of the a evaluate this application for a commercial credit account. Defatte Equipment of maintain or re-evaluate trade credit terms. The Federal Equipment on the basis of race, color, religion, national origin, sex, mall or part of the applicant's income derives from any public assistance Credit Protection Act. The federal agency that administers compliance	ompany? YES / No enent? YES / NO e, equipment may applicant consen- nipment may fro qual Credit Oppo- arital status, age e program; or be	NO Stock S  *If yes, ple y not be releated ts to and auth m time to time fortunity Act an (provided the ecause the app	ymbol: ase attach document sed unless PO is received  orizes Defatte Equipment to obtain and e make additional inquiries to your ind ad Regulation B prohibits creditors fror applicant has the capacity to enter into licant has, in good faith, exercised any	ividual credit history when n discriminating agains a binding contract), because		
Terms and Conditions Agreement:  *Complete and signed applications requesting a credit account will be credit card. **All accounts must provide a credit card to be placed on The undersigned is an authorized agent of the Applicant who certifies agrees to be bound by this Agreement, as well as each Rental Agreem  1) Each rental agreement, its terms and conditions, all schedureference and together with this application form the entire time) between the Applicant and Defatte Equipment regarany informality in such execution or delivery; and  2) Defatte Equipment is authorized to file any and all job lien interests in rented equipment and related accounts receivated.  3) All transactions are assumed to be taxable in all relevant just transaction; and  4) All invoices will be paid to Defatte Equip. within the term between the Equipment's reasonable cost of collection (including Defatte Equipment in enforcing the Agreement, or in colle and  7) If an invoice becomes overdue, Defatte Equipment has the Any check returned without payment for any reason constituted in the properties of the constitution of the properties of the credit terms applicable equipment or otherwise change the credit terms Applicant/Purchaser's mailing address listed on this Applicant for this Application and the Agreement(s) may be executed and	file that the informa ent entered into les attached ther a "Agreement" (a dless of the emp notices, construole; and urisdictions unless on the face of the gattorney fees cting money due right to charge a tutes default of to ount on a cash b of an open commeation; and mmercial credit	tion submittee by the underse to and other as each is ame aloyee or agent action job lient as Defatte Equation of the Agree in the Agree in the Agree are invoice with and expenses afrom the Apany and all batchis agreement as if delinquencial credit reporting age	d in support of this credit application is igned or agents of the undersigned. The written agreements related thereto are ended, supplemented, renewed, replaced to f the Applicant who executed the Ages, mechanic's liens or other remedies to aipment receives a valid tax exemption ment or otherwise agreed to by Defatten in 15 days from the invoice date; and inclusive of attorney expenses incurre plicant / Purchaser to Defatte Equipment and will be charge a fee of \$35.00; and tent, in default, or otherwise deemed in account. Credit terms may be changed nicies; and	strue in all respects and the undersigned agrees that: incorporated herein by d, or modified from time to greement)s) and regardless of to protect its rights and certification prior to the e Equipment in writing; and ad in appeals) incurred by the will be paid on demand; and desecure and/or recover d by sending notice to		
for all purpose.						
Applicant Authorized Individual (print):Full name of individual (print):	Signa	ture:	Title:	Date:		

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Pre-printed credit reference information can be used as long as all information he	erein is included			
CREDIT REFERENCES				
Bank Name & Address:	Bank Contact Name & Phone:			
Account Type:	Account #			
Date Opened:	Loan Account #			
Insurance Company Reference, Name & Address:	Insurance Contact & Phone:			
Account #				
Trade Credit Reference, vendor with credit line similar to credit request. Please	Trade Credit Reference, vendor with credit line similar to credit request.			
include contact info:	Please include contact info:			
Account #	Account #			
Date Opened:	Date Opened:			
Authorization to Release Confidential Account History Information: By our signature	are below we have authorized you to release any and all information to Defatte			
Equipment regarding our credit and account history with your organization. This in	formation will be used to evaluate a commercial credit account with Defatte			
Equipment. I/we understand that this confidential information will be held in strict Requested Credit Limit Applicant (Company Name)	confidence between your organization and Defatte Equipment.			
Authorized Name Signature	Title			
Unconditional Personal Guaranty:				
	and extension of credit to the Customer, the undersigned individual(s) (each a			
"Guarantor") hereby unconditionally and irrevocably personally guarantee (a) to pa				
reserved under all Agreement and any other instruments delivered by Customer or is at the times set forth herein and therein; and (b) to perform, at the time and in the m				
covenants and conditions herein and therein required to be kept, observed or perform				
including, without limitation, reasonable attorney's fees ((a), (b) and (c) being, collectively, the "Obligations").				
This Guaranty is a continuing one and shall terminate only upon full payment and performance of all of the Obligations. This Guaranty is a guaranty of				
prompt payment and performance and not merely a guaranty of collection. Guarantor authorizes Defatte Equipment, with Customer's consent where required, but without notice or demand to any Guarantor, and without affecting Guarantor's liability hereunder, from time to time to: (a) change the amount, time or manner of				
payment of rent or other sums reserved in this Agreement or other such instruments between Customer and Defatte Equipment; and (b) change any of the terms,				
covenants, conditions or provisions of the Agreement or other such instruments between Customer and Defatte Equipment. Guarantor further agrees that it hereby				
waives all defenses relating to the Obligations, including without limitation those of protest, presentment or demand any right that Guarantor may have to require				
Defatte Equipment to proceed against the Customer or exhaust remedies prior to en				
Guarantor agrees to be jointly and severally liable for the Obligations, and all refere without definition shall take their meaning from the Agreement.	nces to the singular shall be construed to include the plural. Terms capitalized			
Guarantor signature Date Witness signature_	Date			
Printed Name Witness Name				
Drivers License #				
Address:				

## **Defatte Equipment, Inc**

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## **CREDIT CARD AUTHORIZATION FORM**

Return via fax to: (707)463-0582

Company Name:	
Card Holder's Name:	
Card Billing Address:	
City, State:	<del></del>
Zip:	
Drivers License Number:	
Card Type (Circle One):	
Visa / MC / American Express	
Credit Card Number:	
Expiration Date:/	
CCV Code (Back of Card)	
l, the undersigned, hereby authorize Defatte Equipment, Inc to charge more on my equipment rental or other related purchases from Defatte Equipment this authorization on my behalom	ent. Also, the person(s) listed below may use
Credit Card Holder's Signature:	Date:
Authorized Users:	(Initials)
	(Initials)
	(Initials)