

CITY RENTALS

1035 NO. VINEYARD • ONTARIO, CA 91764-3175

(909) 984-2448

APPLICATION FOR CREDIT

350.00
 MAXIMUM CREDIT 500.00
 PER MONTH REQUESTED: 1500.00
 2500.00

OWNERSHIP	BUSINESS NAME: _____			DATE _____	
	BILLING ADDRESS _____			PHONE NO. _____	
	DRIVING ADDRESS _____			JOB-SITE PHONE NO. _____	
	CITY _____	STATE _____	ZIP _____	WRITTEN PURCHASE ORDER:	
	<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			<input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> REQUIRED BEFORE BILLING <input type="checkbox"/> REQUIRED BEFORE RENTING	
	PRINCIPAL OR PRESIDENT _____		TITLE _____	HOME ADDRESS _____	
	CHIEF FINANCIAL OFFICER _____		TITLE _____	HOME ADDRESS _____	
	NAME OF ACCOUNTS PAYABLE PERSON _____			NAME OF AGENT FOR SERVICE OF PROCESS _____	
WHAT IS YOUR PRINCIPAL PRODUCT OR SERVICE? _____			DO YOU PAY BY: <input type="checkbox"/> INVOICE, or <input type="checkbox"/> STATEMENT, or <input type="checkbox"/> EITHER		
HOW MANY YEARS HAS YOUR COMPANY BEEN IN BUSINESS? _____			HOW MANY YEARS UNDER THIS OWNERSHIP? _____		
BANK	NAME _____		ADDRESS OR BRANCH _____	CITY _____	PHONE _____
	NAME OF BANK OFFICER _____			ACCT. # _____	<input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING
	NAME _____		ADDRESS OR BRANCH _____	CITY _____	PHONE _____
	NAME OF BANK OFFICER _____			ACCT. # _____	<input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING
TRADE REFERENCE	COMPANIES THAT YOU HAVE DONE BUSINESS WITH IN THE PAST YEAR —PLEASE LIST OTHER RENTAL COMPANIES IF POSSIBLE—				
	NAME OF COMPANY _____		ADDRESS _____	CITY _____	PHONE NO. _____
	NAME OF COMPANY _____		ADDRESS _____	CITY _____	PHONE NO. _____
	NAME OF COMPANY _____		ADDRESS _____	CITY _____	PHONE NO. _____
	NAME OF COMPANY _____		ADDRESS _____	CITY _____	PHONE NO. _____
AUTHORITY AND AGREEMENT	WE AGREE TO ABIDE BY THE TERMS & CONDITIONS ON THE RENTAL CONTRACT & PAY ALL CHARGES INCURRED BY THE 10th OF THE MONTH FOLLOWING BILLING. IT IS UNDERSTOOD & AGREED THAT PAYMENTS NOT RECEIVED IN OUR OFFICE BY THE 25th OF THE MONTH WILL BE SUBJECT TO A SERVICE CHARGE AT THE RATE OF 2% PER MONTH (24% PER YEAR) COMPUTED FROM THE BILLING DATE. WE UNDERSTAND THAT CALIFORNIA PRELIMINARY NOTICES MAY BE FILED & THAT THIS FILING DOES NOT REFLECT IN A NEGATIVE OR DEROGATORY MANNER. WE FURTHER UNDERSTAND & AGREE THAT THE BANK AND THE ABOVE REFERENCES MAY BE CONTACTED FOR REFERENCE PURPOSES.				
	SIGNED X _____				
	TITLE _____				
<input type="checkbox"/> ANYONE THAT PRESENTS THEMSELVES AS AN EMPLOYEE OF OUR COMPANY IS AUTHORIZED TO SIGN. <input type="checkbox"/> ONLY THE PEOPLE WHOSE NAMES APPEAR ON THE ATTACHED LETTERHEAD ARE AUTHORIZED TO SIGN. (PLEASE ATTACH LIST ON YOUR LETTERHEAD) <input type="checkbox"/> WE WILL TELEPHONE CITY RENTALS TO VERBALLY AUTHORIZE EVERY RENTAL.					

PERSONAL GUARANTEE

I, _____, WILL PERSONALLY GUARANTEE PAYMENT OF ANY CHARGES MADE AS A RESULT OF THE CREDIT APPLICATION MADE BETWEEN CITY RENTALS AND _____ SHOULD PAYMENT NOT BE MADE IN ACCORDANCE WITH THE TERMS AND CONDITIONS SPECIFIED ON THE RENTAL CONTRACT.

HOME STREET ADDRESS: _____

CITY: _____ STATE _____

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

CALIFORNIA DRIVER'S LICENSE NUMBER: _____

ARE YOU RENTING OR BUYING YOUR HOME? _____

WITH WHOM IS IT FINANCED? _____

STREET ADDRESS: _____

CITY: _____ STATE _____

SPOUSE'S NAME: _____

PERSONAL CREDIT REFERENCES: (THOSE FROM WHOM YOU BUY ON OPEN ACCOUNT)

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

YOUR PERSONAL BANK INFORMATION:

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

SAVINGS _____ CHECKING _____

NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____

SAVINGS _____ CHECKING _____

PERSONAL SIGNATURE _____ TITLE _____