

NIXON-EGLI EQUIPMENT CO.

CREDIT APPLICATION

- SO. CALIFORNIA:** 2044 S. Vineyard Ave., Ontario, CA 91761-7748 • (909) 930-1822 • FAX (909) 947-6014
- NO. CALIFORNIA:** 800 E. Grant Line Rd., Tracy, CA 95304-2820 • (209) 830-8600 • FAX (209) 830-8884

CUSTOMER: _____

ADDRESS: _____

PHONE: _____ FAX: _____ COUNTY: _____

WEBSITE: _____ EMAIL: _____

FOR NEECO USE ONLY

ACCOUNT NO.:	_____	_____
		(DATE)
CREDIT LINE:	_____	
APPROVED:	_____	_____
		(DATE)
APPROVED:	_____	_____
		(DATE)
SALES REP:	_____	

Date

Credit Requested For The Purpose of Purchasing: PARTS SERVICE EQUIPMENT

Amount of Credit Line Requested: \$

Firm's Name:

Street Address:

NUMBER/STREET

CITY STATE

ZIP

Phone

FAX

Mailing Address:

NUMBER/STREET

CITY STATE

ZIP

Parent Company Name:

Parent Company Address:

NUMBER/STREET

CITY STATE

ZIP

Phone

FAX

Corporation

Partnership

Sole Proprietor

Effective Date of Current
Ownership:

Incorporated In The State of:

Date Business Established /
Incorporated:

Federal I. D. No.

Social Security No.

Sales Tax Exempt ?

Yes

No

If Yes, Attach Copy of Sales
Tax Exemption Certificate

Contractor's License Number:

Website/Email:

Website

Email Address

Who May We Contact For
Disputes:

Phone:

Principally Engaged In What
Type of Business:

OWNERS, PARTNERS OR CORPORATE OFFICERS

Name:

Address:

Title:

% Owner

Name:	Address:	Title:	% Owner

REFERENCES

Date _____

BANK REFERENCES			
BANK NAME 1	TELEPHONE	FAX	ACCOUNT NUMBER
NUMBER / STREET	CITY		STATE ZIP
BANK NAME 2	TELEPHONE	FAX	ACCOUNT NUMBER
NUMBER/ STREET	CITY		STATE ZIP
BANK NAME 3	TELEPHONE	FAX	ACCOUNT NUMBER
NUMBER / STREET	CITY		STATE ZIP

*Trade references should include at least two from the equipment, parts or rental industries.

Please **DO NOT** include material suppliers.

*TRADE REFERENCES			
COMPANY NAME 1	TELEPHONE	FAX	ACCOUNT#
NUMBER /STREET	CITY		STATE ZIP
COMPANY NAME 2	TELEPHONE	FAX	ACCOUNT#
NUMBER /STREET	CITY		STATE ZIP
COMPANY NAME 3	TELEPHONE	FAX	ACCOUNT#
NUMBER /STREET	CITY		STATE ZIP
COMPANY NAME 4	TELEPHONE	FAX	ACCOUNT#
NUMBER / STREET	CITY		STATE ZIP

LIST OF EQUIPMENT OWNED OR RENTED:			
Descriptions	Owned	Rented	Rented From or Mortgage to:

THE UNDERSIGNED, HEREBY AUTHORIZE NIXON-EGLI EQUIPMENT CO., TO VERIFY OUR BANK ACCOUNT, CREDIT HISTORY AND ALL OTHER INFORMATION NECESSARY TO ESTABLISH A CREDIT ACCOUNT. THE SIGNATURES MAY BE USED AS MANY TIMES AS NECESSARY IN ORDER TO OBTAIN SAID INFORMATION; THEREFORE, A COPY BEARING THE UNDERSIGNED CARRIES THE SAME AS THE ORIGINAL.

THE UNDERSIGNED FURTHER AGREES, SHOULD CREDIT BE EXTENDED TO MY COMPANY OR MYSELF INDIVIDUALLY, PAYMENTS ARE TO BE MADE IN ACCORDANCE WITH THE TERMS SET FORTH ON INVOICES AND SHALL BE DUE TO NIXON-EGLI EQUIPMENT COMPANY AT ITS ONTARIO OFFICE ADDRESS LISTED ON THE FIRST PAGE. PAST DUE AMOUNTS 30 DAYS OR OVER ARE SUBJECT TO THE FOLLOWING LATE CHARGES PER CALIFORNIA CIVIL CODE, SECTION 1810.2: 1.5% PER MONTH ON OUTSTANDING BALANCES UP TO \$1,000.00 AND 1% PER MONTH ON OUTSTANDING BALANCES IN EXCESS OF \$1,000.00. SHOULD THE SERVICES OF ANY AGENCY OR ATTORNEY BE NECESSARY TO COLLECT AMOUNTS OUTSTANDING, I/WE AGREE TO PAY ALL COSTS OF SUCH COLLECTION INCLUDING REASONABLE ATTORNEY FEES.

Signature _____ Date _____

Name _____ Title _____

PERSONAL GUARANTEE

The undersigned does hereby personally guarantee payment of all sums due now or in the future for all credit sales to Applicant, including interest, collection costs and attorney fees. Guarantor understands that this guarantee is a material part of the consideration for the extension of credit to Applicant by Nixon-Egli Equipment Co. In the event payment is demanded by Nixon-Egli Equipment Co., the undersigned agrees to make payment within 10 calendar days.

Date: _____

Guarantor Signature

Print Guarantor Name

Full Address of Residence