

PDQ RENTALS

10826 SHOEMAKER AVENUE
SANTA FE SPRINGS, CA. 90670-4587

CREDIT APPLICATION AND AGREEMENT

ACCOUNTING OFFICE (562) 944-3206
FAX (562) 946-0847 or accounting@pdqrentals.com

CUSTOMER NAME _____
ADDRESS _____ PO BOX _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE _____ FAX _____
ACCOUNTS PAYABLE CONTACT _____ EXTENSION OR DIRECT # _____
CONTRACTOR'S LICENSE # (if applicable) _____
Email address: _____ Web address _____
CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____
TYPE OF BUSINESS _____ YEARS IN BUSINESS _____
DO YOU USE PO's ? Sometimes _____ or Mandatory _____ JOB #s Sometimes _____ or Mandatory _____

PRESIDENT OR OWNER _____
ADDRESS _____ PHONE _____
PARTNER'S NAME _____
ADDRESS _____ PHONE _____
LOCATION OF ORIGINAL JOB _____

BANK REFERENCE

BANK _____ ACCT # _____
BRANCH _____ PHONE # _____
ADDRESS _____ FAX # _____
CONTACT _____

TRADE REFERENCES

COMPANY NAME _____ FAX # _____
ADDRESS _____ ZIP _____ PHONE _____
COMPANY NAME _____ FAX # _____
ADDRESS _____ ZIP _____ PHONE _____
COMPANY NAME _____ FAX # _____
ADDRESS _____ ZIP _____ PHONE _____
COMPANY NAME _____ FAX # _____
ADDRESS _____ ZIP _____ PHONE _____

I/WE AUTHORIZE PDQ RENTALS TO CONTACT THE ABOVE CREDIT REFERENCES AND TO MAKE INQUIRIES THROUGH ANY OTHER SOURCES. I/WE ALSO AGREE TO THE TERMS ON PAGE TWO OF THIS AGREEMENT.

SIGNATURE OF OWNER/OFFICER OR AUTHORIZED AGENT _____
Note: Too often your bank will not release information without a check signer's signature
TITLE _____ DATE _____

CREDIT APPLICATION AND AGREEMENT (PAGE TWO)

INSURANCE INFORMATION

PRIMARY INSURANCE CARRIER _____ AGENT _____
AGENT'S PHONE _____ CONTACT _____

DO YOU WISH TO COVER THE RENTED EQUIPMENT ON YOUR INSURANCE POLICY OR PAY FOR **DAMAGE WAIVER**? YOU WILL BE CHARGED FOR DAMAGE WAIVER UNTIL A CERTIFICATE OF INSURANCE IS RECEIVED WITH PROPER LIMITS TO COVER POTENTIAL DAMAGE OR LOSS TO THE RENTED EQUIPMENT (PROPERTY COVERAGE FOR RENTED EQUIPMENT OR COLLISION COVERAGE FOR TRUCKS). PDQ RENTALS MUST BE NAMED AS CERTIFICATE HOLDER, ADDITIONAL INSURED AND LOSS PAYEE. PLEASE CONTACT YOUR INSURANCE AGENT AND/OR OUR OFFICE FOR MORE INFORMATION OR SAMPLE FORMS.

TERMS OF CREDIT

1. CHARGES INCURRED ON CREDIT WILL BE PAID FULLY WITHIN THIRTY (30) DAYS OF INVOICE.
2. ITEMS PURCHASED WILL REMAIN THE PROPERTY OF PDQ RENTALS, WHO SHALL RETAIN TITLE TO THE ITEMS UNTIL PAID IN FULL BY THE BUYER. SIGNATURE ON THIS AGREEMENT INDICATES GRANT OF CONSENT FOR PDQ RENTALS TO RECOVER UNPAID FUNDS FOR PROPERTY BY WHATEVER MEANS AVAILABLE.
3. ITEMS NOT PAID FOR WITHIN THIRTY (30) DAYS OF INVOICE WILL INCUR SERVICE CHARGES AT THE RATE OF 1-1/2% PER MONTH.
4. SHOULD PDQ RENTALS EMPLOY A LAWYER FOR THE PURPOSE OF ASSISTING PDQ RENTALS IN COLLECTING MONEY FROM THE BUYER, PDQ RENTALS SHALL HAVE THE RIGHT TO COLLECT REASONABLE ATTORNEY'S FEES OR OTHER COSTS.
5. IT IS AGREED THAT PROPER JURISDICTION AND VENUE FOR ANY COURT ACTION OR ARBITRATION HEARING SHALL BE IN LOS ANGELES COUNTY, CALIFORNIA.
6. IT IS UNDERSTOOD THAT THIS APPLICATION CONTAINS REPRESENTATIONS UPON WHICH PDQ RENTALS WILL RELY IN EXTENDING CREDIT, IF CREDIT IS APPROVED AND GRANTED.
7. UNLESS THE CUSTOMER SUBMITS TO PDQ RENTALS BY REGISTERED MAIL, ON CUSTOMER'S LETTERHEAD, A LIST OF PERSONS AUTHORIZED TO CHARGE, ALL OF THE BUYER'S EMPLOYEES AND PARTNERS WILL BE AUTHORIZED AGENTS. FOR IDENTIFICATION PURPOSES, PDQ RENTALS AND THE CUSTOMER AGREE THAT ALL AGENTS WILL PROVIDE ACCEPTABLE IDENTIFICATION AT THE TIME OF THE RENTAL.
8. IF ANY PART OF THIS AGREEMENT IS UNLAWFUL, THE REMAINDER SHALL CONTINUE IN FULL FORCE AND EFFECT.
9. IF REQUESTED BY PDQ RENTALS, THE CUSTOMER WILL PROVIDE ALL INFORMATION FOR PDQ RENTALS TO SEND A PRELIMINARY NOTICE TO PERFECT PDQ RENTAL'S RIGHT TO LIEN, STOP NOTICE AND BOND RIGHTS.
10. THE PERSON OR PERSONS SIGNING THIS APPLICATION IS/ARE THE PERSONAL GUARANTOR(S) AND PAYMENT BOND SURETIES OF THE APPLICATION, CUSTOMER.
11. PURCHASE ORDERS ARE ONLY FOR THE BUYER'S CONVENIENCE AND THIS CREDIT AGREEMENT AND THE RENTAL OR SALES CONTRACTS SHALL BE THE SOLE AGREEMENTS.

I/WE AGREE TO THE TERMS OF THIS AGREEMENT.

CUSTOMER NAME _____

SIGNATURE OF OWNER/OFFICER OR AUTHORIZED AGENT _____

TITLE _____ DATE _____