

Credit Application

GENERAL INFORMATION

COMPANY NAME: _____

BILLING ADDRESS: _____ PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____

NO. OF YEARS IN BUSINESS: _____ PO NUMBERS REQUIRED: ____ YES ____ NO

ACCOUNTS PAYABLE CONTACT INFORMATION:

NAME: _____ PHONE: _____ EMAIL: _____

BANK INFORMATION: BANK NAME: _____

BANK ADDRESS: _____ ACCOUNT NO. _____

BUSINESS TRADE REFERENCES (MUST PROVIDE THREE):

NAME: _____ ADDRESS: _____

PHONE: _____

FAX: _____ EMAIL: _____

NAME: _____ ADDRESS: _____

PHONE: _____

FAX: _____ EMAIL: _____

NAME: _____ ADDRESS: _____

PHONE: _____

FAX: _____ EMAIL: _____

Information on this credit application is being submitted for the sole purpose of obtaining credit with Alpha & Omega CS&C, Inc./ Equipment Rental Division. All information submitted is deemed to be accurate and true to the best knowledge of the signor of the credit application. By signing this credit application, Alpha & Omega CS&C, Inc./Equipment Rental Division is authorized to obtain any information necessary to complete the credit verification process and determine credit worthiness of the applicant.

AUTHORIZED SIGNATURE _____ DATE _____