



CREDIT APPLICATION

Date: _____

Company Name: _____

Address: _____

Billing Address (if different): _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____

Corporation: _____ Partnership: _____ Sole Prop.: _____

Year Established: _____ Business Type: _____

Federal Tax ID: _____ Contractors Lic #: _____

Owners or Officers (if a corporation)

Name:	Title:	Home Address:	Home # DL# SS#
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Name:	Title:	Home Address:	Home # DL# SS#
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Bank Reference:

Address: _____

City: _____ State: _____ ZIP Code: _____

Account #: _____ Contact: _____

Trade References: (please list rental companies first)

1. _____
2. _____
3. _____

Has applicant or any of its Owners, Principals or Officers ever filed a voluntary petition in bankruptcy or been adjudged bankrupt? Yes: _____ No: _____

4286 Clayton Road, Concord CA 94521 Tel: (925) 685-1030
2150 Piedmont Way, Pittsburg CA 94565 Tel: (925) 432-1600
Office: (925) 432-2992 FAX (925) 432-3006

The undersigned hereby declares that all the facts herein above mentioned are true and that Wally's Rental Centers, Inc is authorized to solicit information from the above for credit inquiry purposes.

Applicant(s) agrees that the terms and condition set forth under "Rental Agreement" in Wally's invoices shall apply to each and every purchase of merchandise or rental of equipment. Also, payment terms are net 30. If payment terms are not met, account will be closed.

Applicant Signature

Print Applicant Name

CONTINUING GUARANTY FOR CLOSELY HELD CORPORATIONS
(To be signed by the Corporation President Only)

In consideration of the extension of credit by Wally's Rental Centers, Inc. to the above name Applicant(s), I make this continuity guaranty of payment personally on this account.

Date: _____

Signature: _____
Corporate President

Please complete the following information for our customer information files. This will insure that all required data is on each contract/invoice.

- | | | |
|---|---|---|
| 1. Do you require a purchase Order? | Y | N |
| 2. Do you require a job name/number? | Y | N |
| 3. Do you required Damage Waiver on rental equip? | Y | N |
| 4. Is your account restricted to certain persons? | Y | N |

If yes, please furnish us with names of authorized persons including DL#s for each person:

If you are a tax exempt organization, please list your resale #: _____

Name of contact person for this account: _____

Telephone #: _____

FAX #: _____