



# CREDIT APPLICATION AND AGREEMENT

318 Stealth Ct., Livermore, CA 94551-1616  
Phone No. (925) 961-0130 Fax No. (925) 456-9827

APPLICANT \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

Address \_\_\_\_\_

Street City State Zip Code

Billing (Choose one) Email \_\_\_\_\_ Fax \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Established? \_\_\_\_\_

TYPE OF ORGANIZATION: SOLE PROPRIETORSHIP  PARTNERSHIP  CORPORATION  LLC

COMPLETE FOR PARTNERSHIP OR CORPORATION (Show Names of Principals or Partners)

Name Title Home Address

Name Title Home Address

COMPLETE IF INDIVIDUAL (Sole Proprietorship): \_\_\_\_\_

Name Social Security Number

Home Address Home Phone Number

Type of Business: \_\_\_\_\_ Contractors License Expires? \_\_\_\_\_

(Please be specific as to the type of work performed)

Purchase Order Required to Charge on Account? YES  NO  Job Name or Number Required? YES  NO

### BUSINESS REFERENCES – Please include any other rental company where you have an open account.

Bank Affiliation: \_\_\_\_\_ Account No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Firm / Name \_\_\_\_\_ Account No. \_\_\_\_\_  
City/ State \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Firm / Name \_\_\_\_\_ Account No. \_\_\_\_\_  
City/ State \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Firm / Name \_\_\_\_\_ Account No. \_\_\_\_\_  
City/ State \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### INSURANCE REQUIREMENTS: (Accepted applicants must provide CRESCO with the following coverage)

#### 1. CERTIFICATE OF INSURANCE / LIABILITY:

- ◆ Liability limits not less than; 1 million per occurrence, 2 million aggregate
- ◆ 30 days Notice of Cancellation
- ◆ CRESCO to be named as Additional Insured

#### 2. PROPERTY DAMAGE on Rented/leased Equipment:

- ◆ CRESCO named as Loss Payee for not less than replacement value, new.

LIABILITY/PROPERTY Damage Insurance Co. \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you elect to purchase Equipment Protection Plan on Rented Equipment? YES  NO

CRESCO offers Equipment Protection Plan on Rented Equipment at a charge of 13% of Total Rental, Excluding Heavy Equipment Rentals as identified on applicable Rental Agreements.

I/WE ON BEHALF OF THE UNDERSIGNED ENTITY AGREE TO PAY FOR ALL THE CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS:

Terms: Invoices are due upon receipt and past due after 30 days from date of invoice. Interest charges are billed at 1.5% per month (18% APR) on all unpaid amounts over 30 days from date of invoice. In the event suit is filed to enforce payment of any sums due under this agreement, I/We agree to pay reasonable court costs and attorney fees. In the event suit is filed, it is agreed that the venue will be in the county of Alameda, state of California. I understand that there may be occasions when I am unable to execute Rental Agreements before equipment is delivered to me at job sites pursuant to my instructions and pursuant to my company purchase order/purchase approval and I hereby give Cresco Equipment Rentals ("CRESCO") a limited power of attorney to sign Rental Agreements on my behalf as my attorney-in-fact. I hereby authorize the above listed bank, insurance company and business references, or others contacted at CRESCO's discretion to release credit and account information to CRESCO for the purpose of establishing credit privileges.

APPLICANT: \_\_\_\_\_

APPROVED & ACCEPTED:  
Cresco Equipment Rentals

AUTHORIZED SIGNATURE: \_\_\_\_\_

BY: \_\_\_\_\_

Individually and as an Officer of the Firm

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_