

APPLICATION FOR CREDIT

TRENCH PLATE® RENTAL CO
 13217 LAURELDALE AVENUE
 DOWNEY, CA 90242
 PH: 562-602-1777 EXT: 5
 PLEASE E-MAIL THIS TO: APPLY@TPRCO.COM

Date:		Branch:	
Business Name:		Years in Business:	
Mailing / Billing Address:			
Street:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Federal ID#:	Contractors Lic#:	Expiration date:	
Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> # of Employees:			
Type of Business:			
Date and State of incorporation:			

NAME(S), ADDRESS, & SOCIAL SECURITY NUMBERS OF OWNERS, PARTNERS, OR OFFICERS

Name:	Address:	SS#:
Name:	Address:	SS#:
Name:	Address:	SS#:

CREDIT / TRADE REFERENCES: OPEN ACCOUNTS ONLY

1.	Ph:	Contact:
2.	Ph:	Contact:
3.	Ph:	Contact:
4.	Ph:	Contact:

Does your company require Purchase Order Numbers? Yes No

TRENCH PLATE® RENTAL CO TERMS: Net 30 days or credit card. A 1½% (one and one half percent) Service Charge will incur on accounts exceeding terms. As the Owner; Officer or Manager in authority to obligate, please sign and print your name, title and date below.

Signature :	Title :	Date :
-------------	---------	--------

Please see page 2 for Release Authorization

AUTHORIZATION TO RELEASE BANK INFORMATION

Date:

Bank Name:

Phone:

Bank Contact:

Bank Address

E-mail:

Fax:

Street:

City:

State:

ZIP Code:

In order to establish a line of credit with Trench Plate Rental Co. we are authorizing you to release our Banking history

Our Checking Account Number is:

Thank you for your prompt reply to this request.

PERSONS NAME AND COMPANY NAME AUTHORIZING THE RELEASE OF BANK INFORMATION

Names:

Phone:

Title:

Company Name:

E-mail:

Fax:

Street:

City:

State:

ZIP Code:

Authorized Signature:

BONDING / SURETY COMPANY

Bonding / Surety Company:

Street:

City:

Phone:

State:

ZIP Code:

Bond:

Contact:

PLEASE E-MAIL THIS TO: APPLY@TPRCO.COM