



# industry lift, inc.

19129 E. SAN JOSE AVE. • CITY OF INDUSTRY • CA 91748-1416 • TEL: (626) 913-6175 • FAX: (626) 913-4035

## CREDIT APPLICATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 A/R Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 A/P Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Contractors License Number: \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_  
 Corporation: \_\_\_\_\_ State: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_  
 President or Owner's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Liability Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*\*\* Please Note: Certain rental items will require a certificate of insurance from your insurance carrier prior to rental.*

## BANKING INFORMATION

*By completing this portion of the credit application, you are authorizing Industry Lift, Inc. access to confidential banking information, any information obtained will be held in the strictest confidence and is solely for the purpose of obtaining credit ratings needed to further process this application.*

Bank: \_\_\_\_\_ City/Branch: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Signed: \_\_\_\_\_ Title: \_\_\_\_\_

## TRADE REFERENCES

*(Equipment Rental Companies Preferred)*

Company: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Terms and Conditions:** Billing is run on a **28 day** cycle and payment terms are **Net 30 Days**. Customer agrees to pay a late payment penalty, for the legal limit, on unpaid balances and past due invoices. Some returns on parts are subject to a re-stocking fee.

Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL COMPLETED FORM TO INFO@INDUSTRYLIFT.COM**