



CREDIT APPLICATION

In anticipation of your rental, payment arrangements MUST be made by filling out the information below. To pay by Credit Card please fill out SECTION 1. To be billed on Account please fill out SECTION 2. Note: In setting up an Account, five (5) business days are required before release of equipment, otherwise payment must be C.O.D. (Check, Cash or Credit Card).

YOUR ORDER IS TENTATIVE UNTIL WE RECEIVE THIS FORM AND CONFIRM PAYMENT

Company Name _____

Billing Address _____

Phone _____ Fax _____

Job Name _____ P.O. # _____

SECTION 1

Cardholders Name _____ Visa MasterCard AmEx

Credit Card # _____ Exp. Date ____/____/____

Purchase Amount \$ _____ Cardholder Signature _____

Also, please fax a legible copy of the front & back of the credit card to: (818) 989-0423
Attn: Jennifer Garnier Note: Cardholders signature must appear on the back of the card.

SECTION 2

Bank Information _____
(name, address & account number) _____

(3) Industry related 1 _____
business accounts
(name, address, phone & fax)

2 _____

3 _____