

LGP EQUIPMENT RENTALS, INC.
8650 STATE STREET, SOUTH GATE, CA 90280
PHONE #: 323-569-0969 FAX #: 323-569-0930
"HONEST BUSINESS & EXCELLENT SERVICE"
www.lgprentals.com

THE FOLLOWING INFORMATION IS PROVIDED FOR THE PURPOSE OF ESTABLISHING CREDIT WITH YOU:

FIRM NAME _____ TYPE OF BUSINESS _____

STREET ADDRESS _____ DATE STARTED _____

MAILING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE / ID NUMBER _____ SS# / FEDERAL ID NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

() PROPRIETERSHIP () PARTNERSHIP () CORPORATION

NAME OF PRINCIPALS OR OWNERS:

NAME _____ RESIDENCE ADDRESS _____ POSITION _____

NAME _____ RESIDENCE ADDRESS _____ POSITON _____

EXISTING RENTAL COMPANY WITH OPEN ACCOUNT:

NAME _____ PHONE NUMBER _____

BANK REFERENCES, ADDRESS, ACCOUNT NUMBER AND PHONE NUMBER:

1. _____

2. _____

ARE PURCHASE ORDERS REQUIRED _____ NUMBER OF COPIES REQUIRED FOR BILLING _____

PERSONS AUTHORIZED TO ORDER WORK 1. _____ 2. _____

LGP EQUIPMENT RENTALS, INC., terms are Net 30 days from date of invoice. Finance charges at 1½% per month will be charged on all accounts after 30 days. In the event of a default of payment of applicant's account, LGP EQUIPMENT RENTALS, INC. shall be entitled to reimbursement for costs incurred, including interest at the rate of 10% annum, and attorney's fees in the amount of the unpaid balance of the applicant's account.

I/We personally guarantee payment for all materials and labor purchased by the above firm, and further represent that neither the above applicant nor the undersigned has ceased to pay its/his debts in the ordinary course of business or affairs, that it/he can pay its/his debts as they become due, and that it/he is solvent within the meaning of the FEDERAL BANKRUPTCY ACT. NO STATEMENT WILL BE SENT.

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

DATE _____ SIGNATURE _____ TITLE _____