

# APPLICATION FOR CREDIT (Commercial Credit Only)

**Corporate Headquarters**  
 1313 E. Baseline Rd. Gilbert, AZ  
 (480) 558-4100  
 Fax (480) 558-4118  
**Email application to:**  
 kfigura@a-zequipment.com



Credit will only be considered with:  
 Completed & signed application,  
 Certificate of liability insurance, and  
 Financial Statement

Name of Firm \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ Email address \_\_\_\_\_  
 Name & address of parent company (if Subsidiary) \_\_\_\_\_  
 Type of business \_\_\_\_\_ Taxable? Yes \_\_\_ No \_\_\_ if no, attach tax exempt certificate  
 Arizona Contractor's License # \_\_\_\_\_ Type \_\_\_\_\_ Federal ID # \_\_\_\_\_

**LEGAL**  Corporation, incorporated under the laws of the State of \_\_\_\_\_, Date \_\_\_\_\_

**IDENTITY**  Individual Business  Partnership  Ltd. Partnership\*  L.L.C.\*

The principal owners and stockholders are:

\*(Person responsible for payments must sign application)

Individual	Title	% of Interest	Social Security #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## BUSINESS HISTORY

Previous Business Name(s) \_\_\_\_\_  
 How long in business at present location \_\_\_\_\_ Previous location \_\_\_\_\_ Year business established \_\_\_\_\_  
 Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_  
 Bonding company \_\_\_\_\_ Have you done business with A to Z Equipment in the Past? Yes  No   
 Person(s) Responsible for payments on this account \_\_\_\_\_  
 Person(s) Authorized to Order/Pick-up Equipment \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_ Purchase Order Required? Yes  No

## LOCAL TRADE REFERENCES

(Including other rental centers, enter names of firms from whom you buy on open account. Do not list individuals, banks or utilities)

<u>Name</u> <u>Account #</u>	<u>Address</u> <u>Phone Number</u>	<u>Email Address</u> <u>Fax Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(Fill in both sides of this form)

### CREDIT POLICY AND CREDIT AGREEMENT WITH A TO Z EQUIPMENT RENTALS & SALES

1. All accounts are due in full 30 days from date of invoice.
2. Long-term rentals will be billed at the end of 28 days.
3. Accounts not paid 30 days from the due date may be closed. At this point, equipment still on rental will be picked up at the job site, at our normal pick-up charges.
4. Past due accounts will bear a finance charge of 1.5% per month from the original due date until paid.
5. In the event services of an attorney are required to enforce the rights of A to Z Equipment, Customer agrees to pay reasonable attorney fees, court costs, and costs of collection, in addition to all other sums found due.
6. There will be a \$25 administrative fee for each check returned to us, for any reason.
7. In consideration of the extension of credit to the customer by A to Z Equipment, and as an inducement to A to Z Equipment to continue to extend credit to said Customer, the undersigned, unconditionally guarantees the payment of any and all sums of money as are now, or at any time hereafter may be owing to A to Z Equipment by said Customer, as a result of A to Z Equipment's extension of credit.
8. The undersigned agrees to hold A to Z Equipment harmless from any loss, damage, and expenses caused or arising out of default on the part of the Customer. A to Z Equipment may proceed against the undersigned without being required to first proceed against the Customer, and may proceed against the undersigned without waiving its rights to proceed against any of the remaining Guarantors.
9. For purposes of obtaining credit, I certify that all the information in this statement is true and correct and accurately describes my financial condition as of the date shown, and that there has been no material change since then. I grant permission to A to Z Equipment to verify all information in this statement, and to provide any information requested by my other creditors. I also grant permission to those creditors to provide all information requested by A to Z Equipment. I release and waive all claims against A to Z Equipment and my other creditors for all acts or omissions which occur in verifying the above information. I agree to the above policies as a condition of maintaining a credit account with A to Z Equipment.

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ *(If Corporation, an Officer)*

#### OFFICE USE ONLY - BELOW THIS LINE

Credit Approved  Credit Limit \$ \_\_\_\_\_  Declined

Date \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_