Volvo Construction Equipment & Services

LAKESIDE (619)441-3690 **BAKERSFIELD** (661)387-6090

Signature of Authorized Rep

CORONA (951)277-7620 SAN LEANDRO (510)357-9131 FRESNO (559)834-4420 SACRAMENTO (916)504-2300



Credit Applicants Business Information					
Company's Legal Name		ос.,	1000		Rental House ?
DBA (Trade Name)	-	-	=		Yes / No
Billing Address	-				
City, State, Zip					P.O.# Required?
Ship To Address if Different From Above	е				Yes / No
City, State, Zip			Email address:		
Corporate Status: Circle one	Proprietorship	Corp	- General Partnership	LLC/LLP	Gov
Federal Tax ID #	·	· · · · · · · · · · · · · · · · · · ·	Type of Business		
Business Phone Number	-	-	Date Business Started		
Business Fax Number			Date Incorporated		
Accts Payable Contact Name			State of Incorporation		
County of Business			Company's D&B Number		
Tax Exempt	**Yes		Contractors License No.		
(**Resale/Exemption Certificate mu	ust be mailed or faxed with you				
Ownership Information By signing below, I the undersigned Co-Applicant(s) authorize VCES, its affiliates, agents, successors, and assigns, to investigate my credit. Everything I have stated herein is					
By signing below, I the undersigned 0 true and correct.	Jo-Applicant(s) authorize VCES, i	its affiliates, agents, suc	accessors, and assigns, to invest	stigate my credit.	Everything I have stated herein is
Principal's Name			Principal's Name		
Home Street Address	-		Home Street Address		
City, State, Zip	-	-	City, State, Zip		
Home Phone	o/ Owned		Home Phone	-	A
	% Owned			Data of R	% Owned
Soc Sec #	Date of Birth		Soc Sec #	Date of Bi	-
Print Name	Title		Print Name		_ Title
Signature			Signature		
Ind	dividual (do not include title)	Bank and Finance		al (do not include title)
Bank	Account Number & Type	Dalik and i manes	Contact Name		Phone & Fax
I			1	I	
Bank / Finance	Account Number & Type		Contact Name	<u> </u>	Phone & Fax
		Oradit Potov	<u> </u>	<u> </u>	
Trade	Account Number	Credit Refere	Contact Name		Phone & Fax
	Account Humbs.			I	1 110110 0.1 0.5
Trade	Account Number	-	Contact Name		Phone & Fax
Trade	Account Number		Contact Name	<u> </u>	Phone & Fax
	Account Number		OUTRACT TALLIO	l	FIIUTIC OLI OA
		Insurance Co			=:
Insurance Company	Address		Contact Name	i	Phone & Fax
	Busin	ess Credit Release an	Acknowledgement	<u> </u>	
authorizes VCES, in connection with the establ of credit information to or by VCES or its desig account information and credit experience mat The undersigned, as an authorized signatory, vall obligations of the undersigned to VCES will maximum rate as permitted by law. I/we agre chosen by VCES. I/we agree to pay all costs in other damages. I/we have read and do under	olishment and maintenance thereof, to invegnee from or to any source including credited by or to VCES. Warrants that all information supplied to V I be paid as and when due. It is mutually the that all transactions between our compincurred by VCES in collection of any outsterstand this instrument and by my signature.	estigate the creditworthiness lit reporting agencies and app VCES is true and correct in every understood and agreed that a panies will be construed and cotanding balance or the recovere, agree to said terms.	and capacity of the undersigned and plicant's bank. This shall be continuing very respect; that the applicant is finar delinquent obligations are subject to determined according to the laws of Co	its officers and/or pring authorization for all particular and par	any commitments to VCES; and that payments of exceed 1 ½% per month or if less, the within California jurisdiction unless otherwise on agency and/or attorney fees, in addition to all
Print Name				Title	

Fax completed and signed application to 866-303-0682. Mail original to: 12345 Mapleview Avenue, Lakeside, CA 92040

Date

Form A-1002E 09/07