



ACCURATE FORKLIFT, INC.
 PO Box 4860 • Santa Rosa, California 95402
 Phone (707) 585-3675 • Fax (707) 585-9734



CREDIT APPLICATION

DATE: _____

NAME: _____ **D.B.A.** _____

CORPORATION PARTNERSHIP SOLE PROPRIETOR

ADDRESS BILL TO: _____ **PHONE:** _____

CITY, STATE, ZIP _____ **EMAIL:** _____

SHIP TO: _____ **PHONE:** _____

CITY, STATE, ZIP _____ **FAX:** _____

TYPE OF BUSINESS: _____ **Dunn & Bradstreet #:** _____

YEARS IN BUSINESS: _____ **INCORPORATION DATE:** _____

TAX I.D. #: _____ **OR** _____ **S.S.#:** _____

PRINCIPAL OWNERS: _____

AUTHORIZED BUYERS/CONTACTS: _____

P.O. REQUIRED: YES NO **RESALE #:** _____

BANK REFERENCES:

NAME: _____ **ACCT. #:** _____

CONTACT: _____ **TEL. #:** _____

NAME: _____ **ACCT. #:** _____

CONTACT: _____ **TEL. #:** _____

TRADE REFERENCES:

NAME: _____ **TEL.#:** _____

ADDRESS: _____ **ACCT. #** _____

NAME: _____ **TEL.#:** _____

ADDRESS: _____ **ACCT.#:** _____

NAME: _____ **TEL.#:** _____

WE AUTHORIZE THE PARTIES NAMED ABOVE AS BANK AND TRADE REFERENCED TO GIVE ACCURATE FORKLIFT ANY REASONABLE INFORMATION THAT MAY BE REQUIRED FOR OBTAINING APPROVAL OF THE APPLICATION.

CREDIT TERMS:

WE AGREE TO PAY IN ACCORDANCE WITH THE TERMS OF ACCURATE FORKLIFT RENTAL AGREEMENTS AND OR INVOICES AS FOLLOWS:

PAYMENT DUE 10TH OF MONTH FOLLOWING PURCHASE

DELINQUENT 20TH OF THE MONTH FOLLOWING PURCHASE.

A SERVICE CHARGE OF 1.50% PER MONTH TO BE CHARGED ON ALL DELINQUENT BALANCES.

PAYMENTS MADE VIA CREDIT CARD WILL INCUR A 4.0% SURCHARGE

A 25% RESTOCKING CHARGE APPLIES ON ALL RETURNED GOODS

NO REFUNDS ACCEPTED AFTER 30 DAYS

WE AGREE TO PAY ALL REASONABLE ATTORNEY'S FEES AND OTHER COSTS INCURRED ON THE ENFORCEMENT OF COLLECTION OF DELINQUENT ACCOUNT BALANCES, AS WELL AS ALL DAMAGES TO AND DETOXIFICATION COST FOR RENTAL MACHINERY. IN ORDER TO INDUCE ACCURATE FORKLIFT TO EXTEND CREDIT, WE REPRESENT THAT THE FOREGOING IS TRUE AND CORRECT. FURTHER, WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THE TERMS STATED ABOVE AND, BY OUR SIGNATURE BELOW, AGREE TO SAID TERMS.

SIGNED: _____ **TITLE:** _____ **PRINT NAME** _____

SIGNATURE OF OWNER, OFFICER OR AUTHORIZED REPRESENTATIVE ONLY

AFI Approval _____ Date _____