



CREDIT APPLICATION

156 W MISSION AVE.; ESCONDIDO, CA 92025
(760) 743-6900

SALESMAN: \_\_\_\_\_

For the purpose of establishing credit with Dorado Holdings, LLC dba TOOLSHED EQUIPMENT RENTAL, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct and a complete statement of its financial condition and authorizes Toolshed Equipment Rental to verify all facts supplied on this form.

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ Not a P.O. Box (City, State & Zip code)

BILLING ADDRESS (If different from above): \_\_\_\_\_ (City, State & Zip code)

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_ YEAR EST: \_\_\_\_\_
TYPE OF BUSINESS: ( ) Corporation ( ) Partnership ( ) Sole proprietorship

CONTRACTOR'S LIC. NO: \_\_\_\_\_ EMPLOYER TAX I.D. NO: \_\_\_\_\_

OWNERS:
Name, Title, Address & Telephone State/Drivers Lic. No.
Name, Title, Address & Telephone State/Drivers Lic. No.

BANK REFERENCES:
Name, Address Telephone Acct. No:

TRADE REFERENCES
Name, Address, Telephone & Fax No Acct. #
Name, Address, Telephone & Fax No Acct. #
Name, Address, Telephone & Fax No Acct. #

Please provide the following information to help us serve your account needs:

- 1. Do you require a Purchase Order No. on each contract? Yes ( ) No ( )
2. Job Name: Yes ( ) No ( )
3. Do you have any restrictions on who can order or sign for equipment? Yes ( ) No ( ) (If Yes, please attached list of authorized personnel)
4. Request to receive invoices/statements via Email: USPS: Fax:

TERMS & CONDITIONS: (Must be signed by Company Officer)

We/I agree to abide by the terms and conditions on the rental contract and to pay all charges incurred within Net 30 Terms unless other Terms have been agreed to by all parties. I/we agree to pay Service Charges of 1.5 o/o computed from billing date. In the event of default on payment or any other term or conditions of the rental contract, I we agree to pay any additional costs that result to collect the balance due on my/our account. I we agree to pay \$25.00 for 1st NSF check and \$35.00 for each additional check returned by bank as NSF. I/we authorize Toolshed Rental to pick up or drop off equipment regardless if personnel is on site, thus giving Toolshed Limited Power of Attorney on our/my behalf as Attorney-In-Fact.

SIGNED BY (Officer Only) \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

PERSONAL GUARANTY:

In consideration of the extension of credit by the seller, herin to buyer herin the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due to seller by buyer including collection costs and attorney's fees. This shall be an open & continuing guaranty and shall remain in force until paid in full and written released by seller. Any such revocation shall not in any manner affect my/our liability as to the indebttness existing prior thereto.

SIGNED BY (Officer Only) \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Please email completed form to our Credit Manager Sheleen Fowler: sheleen@toolshedrentals.com