



CREDIT APPLICATION

Return Completed Application by:
Scan or Email to Office@GiffinRental.com

Business Name		
Corporate Address		
City	State	Zip Code
Primary Contact	Telephone #	Fax #
A/P Contact:		
Telephone #		
Invoice by:	<input type="checkbox"/> Email: _____ <input type="checkbox"/> Mail: Billing Address	
Business Description:		
Principal Owners, Officers, Stockholders and/or Directions: (Must Have Social Security No. If Sole Proprietor or Partnership)		
Name	Title	Social Security No.
Federal ID #:	Date & State of Inc./Formed	Years in Business
Initial Credit Requested:		
Bank Reference:		
Bank	Checking Account No.	Branch
Contact		Tel #
Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt? <input type="checkbox"/> Yes (Must Attach Cert.) <input type="checkbox"/> No	
Physical Damage Coverage for Rental Equipment? <input type="checkbox"/> Yes (Must Attach Insurance Coverage) <input type="checkbox"/> No (Rental Protection Plan will be Charged)		

*Please remit all payments to 285 Rutherford St., Goleta, CA 93117

If you have any questions regarding A/P, please contact Ash Ryan at office@giffinrental.com or 805-233-8080

Authorized Signature

Date

Print Name and Title

Trade References

For: _____

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

I authorize the above named references to furnish the information requested below to Mel Giffin, Inc. for the purpose of opening an account with Mel Giffin, Inc. I understand and agree that Giffin Rental may furnish such information to any party to whom Mel Giffin, Inc. may refer my request for credit.

Signature: _____ Date: _____

TO BE COMPLETED BY REFERENCE ONLY			
<p>The above named company has requested to open a line of credit with Mel Giffin, Inc. They have used your company as a reference. The following information will be reviewed for the sole purpose of establishing credit with Mel Giffin, Inc. The information that is provided is strictly confidential and will not be shared with anyone other than the credit department at Mel Giffin, Inc.</p>			
Date Account Was Opened: _____		Payment Terms: _____	
Credit Limit: _____		Current Balance: _____	
<p>Payment History: Please check the one that best describes the status of the account at present time.</p>			
Within Terms:	1 - 30 Days Past Due	<input type="checkbox"/>	
	31 - 60 Days Past Due	<input type="checkbox"/>	
	61 - 90 Days Past Due	<input type="checkbox"/>	
	90 + Days Past Due	<input type="checkbox"/>	
<p>How would you rate this company's performance?</p>			
Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>	Poor	<input type="checkbox"/>
<p>Additional Comments:</p>			
Name and Title:		Date:	