

# QUALITY EQUIPMENT RENTALS

711 N. La Brea Avenue  
Inglewood, CA 90302-2203  
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## CREDIT AGREEMENT



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CUSTOMER/COMPANY \_\_\_\_\_ DATE \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_  
REAL ADDRESS \_\_\_\_\_ Email \_\_\_\_\_  
OFFICE PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_ CELL # \_\_\_\_\_  
CORPORATION: YES \_\_\_\_\_ NO \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_  
CONTRACTORS LICENSE # \_\_\_\_\_ ISSUED IN WHAT STATE? \_\_\_\_\_  
PERSON'S NAME REQUESTING ACCOUNT \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_ SS# \_\_\_\_\_  
TYPE OF BUSINESS \_\_\_\_\_ HOW LONG IN BUSINESS (Yrs.) \_\_\_\_\_  
CIRCLE IF YOU REQUIRE ANY OF THE FOLLOWING: PURCHASE ORDER #'S JOB #'S JOB ADDRESS  
BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
BRANCH \_\_\_\_\_ PHONE # \_\_\_\_\_

**HOW DID YOU FIND US?** INTERNET / YELLOW PAGES / REFERRAL / OTHER \_\_\_\_\_

**VENDOR REFERENCES:**  
(OPEN CHARGE ACCOUNTS ONLY, NO CREDIT CARDS)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

**\*\* (PLEASE DO NOT WRITE IN THIS AREA ON THIS SIDE)**

ACCT OPENED \_\_\_\_\_  
HIGH CREDIT \_\_\_\_\_  
TERMS \_\_\_\_\_ PAY \_\_\_\_\_

ACCT OPENED \_\_\_\_\_  
HIGH CREDIT \_\_\_\_\_  
TERMS \_\_\_\_\_ PAY \_\_\_\_\_

ACCT OPENED \_\_\_\_\_  
HIGH CREDIT \_\_\_\_\_  
TERMS \_\_\_\_\_ PAY \_\_\_\_\_

Customer/Company agrees to be fully bound by the terms and conditions of the Rental Contract. Terms for payment are net 30 days. Finance charges of one and one half percent (1.5%) per month, or eighteen percent (18%) per year, will be charged on balances over 60 days. Any extension of credit is within the sole discretion of Quality Equipment Rentals and may be withdrawn at any time. If this account is placed for collection, Customer/Company agrees to pay all collection costs and reasonable attorney fees for any amount appearing unpaid. If Customer/Company is a corporation, the undersigned, whether executing this contract as an officer or not, does hereby personally guarantee payment of all bills.

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
(Responsible Person)

PRINT NAME: \_\_\_\_\_

**WE CANNOT PROCESS INCOMPLETE APPLICATIONS!**

Application approved \_\_\_\_\_ Approval letter sent \_\_\_\_\_ Entered in computer \_\_\_\_\_