

380 Sutton Place
PO Box 4740
Santa Rosa, CA 95402



Credit Application

Phone 707 569-1600
Fax 707 569-1700
Toll Free: 877 597-3687

Company Name: _____ Date: / / Credit Requirements \$ _____

Physical Address: _____ Phone: () - _____ Fax: () - _____

Contractor's License #: _____

Billing Address: _____ AP Contact: _____

Tax ID #: _____

Type of Business: _____ Business Established: _____

Partnership Proprietorship Corporation State Incorporated in: _____

Are Purchased Orders required? Yes No

Owners, Partners or Officers

| Name | Title | Address | Phone | Social Security # |
|------|-------|---------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |

Credit References

| Name | Address | Phone | Fax |
|------|---------|-------|-----|
| | | | |
| | | | |
| | | | |

Building Leased Owned
Name of Landlord/Mortgagee _____
Address of Landlord/Mortgagee _____

Banking Information

| Name of Bank | Address | City, State & Zip |
|-----------------|-----------|-------------------|
| | | |
| Type of Account | Account # | Phone # |
| | | |
| Type of Account | Account # | Phone # |
| | | |

The undersigned hereby authorizes the above named references to disclose any and all information regarding our/my accounts to Jim-n-i Rentals for the purpose of obtaining credit.

Signature _____ Title _____ Date _____

Please continue on reverse side

TERMS AND CONDITIONS

Applicant(s) hereby agree(s) to pay Supplier on demand or within thirty (30) days from supply, whichever occurs first, for all goods, materials and services supplied on account. Applicant(s) further agree(s) that in the event legal action is undertaken to collect monies due under the account, the prevailing party will be entitled to costs of suit and reasonable attorney's fees. The Applicant(s) further agree(s) to pay interest at the rate of 1-1/2% per month on any account balance not paid within thirty (30) days of the date the debt is incurred. Applicant(s) further agree(s) that in the event legal action is undertaken, Sonoma County shall be the proper county in which to commence legal action.

Signature (denotes acceptance of all Terms and Conditions)

Title

Date

CONTINUING GUARANTY

In consideration of the above I, as Applicant, hereinafter referred to as Guarantor, personally guarantee payment of the above account including payment of attorney's fees and court costs. Guarantor acknowledges that this guaranty is and shall be an open and continuing guaranty and any and all liability to which it applies or may apply shall be conclusively presumed to have been created in reliance of this guaranty, notwithstanding any renewals, modifications, additions or extensions to said rental and/or sales agreements. Guarantor hereby waives (a) presentment, demand, protest, notice of dishonor and notice on non-payment; (b) the right, in any, to the benefit of or to direct the application of any security hypothecated to Supplier until all indebtedness of Guarantor shall have been paid; and (c) the right to require the Supplier to proceed against Guarantor or to pursue any other remedy. In addition, Guarantor agrees that the Supplier may proceed directly or independently of Guarantor and that the cessation of liability of Guarantor for any reason other than full payment or extension, renewal, forbearance, or acceptance, release or substitution of security or any impairment, suspension, or loss of any right to remedy of Supplier against Guarantor, including the extension of the date payment is due or any security shall not in any way effect the liability of Guarantor hereunder.

Print Name of Guarantor

Print Name of Guarantor

Signature of Guarantor

Signature of Guarantor

Date

Date

Driver's License #

Driver's License #

Social Security #

Social Security #

Date of Birth

Date of Birth

For office use only:

Amount Approved \$ _____

Date _____

Approved by _____

Title _____