



**Remittance Information:**  
 ATTN: Credit Manager  
 6319 District Blvd.  
 Bakersfield, CA 93313  
 Voice: (661) 834-2700  
 Fax: (661) 834-0678  
 Email: jbell@bserents.com

You've got projects, we've got solutions!

**APPLICATION FOR CREDIT**

**HOW DID YOU FIND US?**  
 Internet / Yellow Pages / Referral / Other

In order to expedite processing please fill out both pages of application completely.

**Business Name:** \_\_\_\_\_ **Credit Limit Requested: \$** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Description of Business Activity:** \_\_\_\_\_ **Year Est.:** \_\_\_\_\_

**Type of Ownership:**  Corporation {state of corp: \_\_\_\_\_}  Partnership  Proprietorship

**Owner's Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contractor's License #:** \_\_\_\_\_ **Exact Name of Licensee:** \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Billing Phone:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_ **email:** \_\_\_\_\_

**Local Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Local / Job Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Local Contact: Phone:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_ **email:** \_\_\_\_\_

**Owner / Officer Listing:** {Corporations MUST list the two TOP officers and Chief Financial Officer}  
 {Sole Proprietors and Partnerships MUST record Driver's License and Soc. Sec. Numbers}

Number	Name	Title	Driver's License #	SSN
1.				
2.				
3.				

**Accounts Payable Name & Phone #:** \_\_\_\_\_

**Bank Name/Branch:** \_\_\_\_\_ **Ph#:** \_\_\_\_\_ **Acct. #:** \_\_\_\_\_ **Bank Officer:** \_\_\_\_\_

**Resale Number {if applicable}:** \_\_\_\_\_ **Please Forward RESALE CARD with Number**

**TERMS AND CONDITIONS:**

It is agreed that this application may be referred to any credit information service for approval; if credit is extended, it is further agreed that such extension of credit shall be subject to the following terms and conditions:

- I agree to meet BS&E Co. Inc. terms, which are 1% 10<sup>th</sup> prox., net 30<sup>th</sup>. The amount or amounts due, as evidenced by the account, shall be paid not later than the end of the following month from the invoice date.
- Any amounts not paid within the time allowed in item 1, above, shall be considered delinquent and shall bear a service charge of 1 1/2% per month or 18% per year to all amounts which are 60 days or more past due.
- In the event that a delinquent account is placed in the hands of a licensed collector or an attorney for collection, or suit is instituted on this account, there shall be paid a reasonable collection and attorney fee to the prevailing party.
- The undersigned agrees to provide BS&E Co. Inc. with all information relating to possible Mechanics Lien Claims as requested by BS&E Co. Inc.
- It is agreed the proper jurisdiction for any court action or arbitration hearing will be in Kern County, California.
- Unless the buyer submits to the seller a list of persons authorized to charge all of the buyer's employees and partners will be authorized agents.
- The use of Customer's purchase order number on the Rental Agreement is for Customer's convenience and identification only. The Rental Agreement prevails over any conflicting or additional terms of any quote, order, acknowledgment or similar communication.

**TO BE SIGNED BY OWNERS / OFFICERS ONLY**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE FIRST LINE ON EACH REFERENCE ONLY**

Minimum of 5 references must be filled out. One reference to be a rental business (if possible).

1. Company: Address: City: State: Zip: Ph: Fx:

Open High Bal Terms Remarks

2. Company: Address: City: State: Zip: Ph: Fx:

Open High Bal Terms Remarks

3. Company: Address: City: State: Zip: Ph: Fx:

Open High Bal Terms Remarks

4. Company: Address: City: State: Zip: Ph: Fx:

Open High Bal Terms Remarks

5. Company: Address: City: State: Zip: Ph: Fx:

Open High Bal Terms Remarks

**EQUIPMENT PROTECTION PLAN (EPP): (Applicable to rental customers only)**

This is to inform you that the undersigned declines to pay the EPP charge imposed by your company and, accordingly, agrees to be responsible for all loss of and damage to equipment which is rented from you, and we are enclosing our Certificate of Insurance in our policy covering equipment rented from you. The certificate of insurance will reflect a minimum of \$500,000 liability and \$100,000 leased equipment coverage.

Name of Insurance Carrier: Policy #

WE MUST HAVE A CERTIFICATE OF INSURANCE FROM YOUR INSURANCE COMPANY SHOWING RENTAL EQUIPMENT COVERAGE.

Company Name: Date:

By:

Name and Title

**DISCLAIMER:**

This signature is for EPP only. Application Signature is on reverse side of this page. You must sign application signature line before credit can be approved. EPP will be charged at a rate of 8% of the rental fee for companies without minimum coverage on file with B.S & E. Co. Inc.

**ACCOUNT REQUIREMENTS: (Please fill out completely for your own protection)**

Job Name Required? Yes No Job Number Required? Yes No

Special billing instructions:

Are purchase orders required? Yes No

List persons authorized to sign on this account (first and last name): (Print or Type)

(No others will be allowed to charge on this account without prior approval)

Application presented by (Employee):