



Pleasanton Event Rentals

7066A Commerce Circle

Pleasanton, CA 94588

Phone: (925) 468-0624

Fax: (925) 468-0625

www.pleasantonrentals.com

APPLICATION FOR CREDIT ACCOUNT

Thank you for your interest in Pleasanton Event Rentals.

Following is an application for a credit account. Please complete, sign, date, and return. You will be informed once your application has been processed; this can take about a week to ten days.

Our payment terms are Net 30 and invoices can be mailed, faxed, or emailed at the close of the rental contract. If you have a preference, please advise. We also send out statements at the end of each month. Pleasanton Event Rentals reserves the right to withdraw "on account" payment terms for non-payment within our Net 30 day's terms.

Pleasanton Event Rentals strives to exceed our customer's expectations in product quality and customer service. We are always adding items to our inventory so please call or come by no matter what your need(s) may be.

Thank you again, we look forward to doing business with you. Have a wonderful day.

Sincerely,

Melissa Johnson, Accounting Manager

Pleasanton Rentals, Inc.

Direct Line: (925) 227-1201

COMPANY INFORMATION

Company Name: _____

Parent Company: _____

Physical Address: _____

Mailing Address: _____

Telephone No.: _____ Fax No.: _____ Manager: _____

Sole Proprietor: _____ Partnership: _____ Corporation: _____ Other: _____

Accounts Payable Contact: _____ Phone: _____

Accounts Payable e-mail: _____

Do you require purchase orders? _____ Yes _____ No

Other Pertinent Information: _____

Principals

President: _____

V.President: _____

Secretary: _____

Controller: _____

Bank References

Bank Name: _____

Officer: _____

Address: _____

City, State, Zip: _____

Phone: _____

Account No.: _____

Trade References

Name: _____

Name: _____

Address: _____

Address: _____

City, ST, Zip:: _____

City, ST, Zip:: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, ST, Zip:: _____

City, ST, Zip:: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

The undersigned certifies that the above information, given for credit purposes, is true and correct; and authorizes the firm or person to whom this application is made or it's assignee, any credit bureau or other investigative agency, to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

Authorized Signature _____ Title _____ Date _____