CREDIT AGREEMENT

Website

_____
Company Name (Required)

_____
Physical Address (Required) **City** **State** **Zip**

_____
Mailing Address (if different then physical) **City** **State** **Zip**

_____@_____
Area Code/Telephone (Required) **Area Code/Fax** **Accounts Payable Contact(Required)** **Accounts Payable E-mail Address (Required)**

BUSINESS INFORMATION

Type of Ownership: [ ] Sole Proprietorship [ ] Partnership [ ] Corporation [ ] Government [ ] Other

Federal Tax ID Number _____ **(Required)** *If sole proprietorship please fill in SS#.*

Contractor's License # _____ Expiration date: _____

IF REQUESTED, CUSTOMER AGREES TO FURNISH INFORMATION REQUIRED TO SEND A PRELIMINARY 20-DAY NOTICE, RIGHTS TO LIEN, STOP NOTICE AND BOND NOTICE.

IF EQUIPMENT IS RENTED FOR MORE THAN 4 WEEKS, PERIODIC UNSIGNED INVOICES WILL BE ISSUED FOR RENTAL CHARGES DUE. ALL SUCH INVOICES ARE DUE AND PAYABLE NET 30 FROM DATE OF INVOICE.

I AGREE THAT MY ACCOUNT MAY BE DEBITED ELECTRONICALLY FOR THE FACE AMOUNT OF ANY NSF CHECKS PLUS A $25.00 FEE.

I ACKNOWLEDGE AND AGREE THAT INTEREST AT THE CURRENT RATE OF 1.5 PERCENT PER MONTH WILL BE CHARGED ON ALL BALANCES REMAINING AFTER 30 DAYS FROM THE DATE SAID AMOUNTS ARE INCURRED. IN THE EVENT OF DEFAULT AND/OR REFERRAL TO AN ATTORNEY OR COLLECTION AGENCY, I AGREE TO PAY ALL COSTS OF COLLECTION INCLUDING REASONABLE ATTORNEY'S FEES. CUSTOMER AGREES THAT PROPER JURISDICTION AND VENUE FOR ANY COURT ACTION OR ARBITRATION HEARING SHALL BE IN SOLANO COUNTY, CALIFORNIA. ALL CHARGES SUBJECT TO TERMS AS STATED ON THIS AGREEMENT AND BOTH FRONT AND BACK OF RENTAL/SALES INVOICE.

I AUTHORIZE ALL STAR RENTS TO OBTAIN CREDIT REPORTS, TRADE REPORTS AND BANK REFERNCES FOR THE PURPOSE OF DETERMINING THE EXTENSION OR CONTINUATION OF CREDIT TO CUSTOMER

I AGREE TO PAY FOR AND GUARANTEE PAYMENT OF ALL CHARGES TO OUR ACCOUNT(S), ACCORDING TO THE TERMS AND CONDITIONS STATED ON THE CREDIT AGREEMENT AND RENTAL CONTRACTS. THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AS OF THE DATE OF THIS AGREEMENT.

_____

SIGNATURE **(MUST BE OFFICER, PARTNER, OR SOLE OWNER)** OF COMPANY

_____
NAME (PLEASE PRINT) TITLE DATE

PH 707-429-3884
Email to: ar@allstarrents.com