



Remittance Address:
 P.O. Box 4725
 Thousand Oaks, CA 91359
 Phone 805-497-3724
 FAX 805-777-8119

For Office Use Only
Approval _____
Date _____
Limit _____
Acct # _____

CREDIT APPLICATION

Name of Firm _____ Phone() _____ Number of Years in Business _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Type of Business _____ Sole Proprietorship _____ Partnership _____ Corporation _____

PRINCIPAL MEMBERS OF THE FIRM

Name _____ Title _____ Home Phone _____

Home Address _____ City _____ State _____

**Drivers License # _____ State _____ Expiration _____

Name _____ Title _____ Home Phone _____

Home Address _____ City _____ State _____

**Drivers License # _____ State _____ Expiration _____

BANK INFORMATION

Name of Bank _____ Account # _____ Phone# _____

Address _____ City _____ State _____ Zip _____

**We authorize the bank to give Lister Rents, Inc. a rating on the above mentioned account. Auth Signature _____

BUSINESS CREDIT REFERENCES

Name _____ Phone _____ Contact _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Contact _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Contact _____

Address _____ City _____ State _____ Zip _____

TERMS: Net 15 - Invoices will be mailed out on the 15th AND at the end of each month. Statements are sent only at Month's End

LIST OF AUTHORIZED SIGNERS ON THIS ACCOUNT:

Do you require a Purchase Order _____

Do you require a Job Address _____

Do you require a Job Number _____

(List more signers on the back of this application.)

AGREEMENT

Customer agrees to be responsible for all reasonable collection, repossession, Attorney and Court Costs incurred in connection with amounts owed to Lister Rents, Inc.

DATE _____

Signature _____

Position _____