

WESTCOAST EQUIPMENT, INC.

GENERAL INFORMATION – APPLICATION FOR CREDIT

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Year Business Started: _____ FED ID: _____

Type of Business: _____

Person in Charge of Accounts Payable: _____

Company Bank: _____

Address: _____

Phone: _____ Fax: _____

Account No. _____

TRADE REFERENCES

1. Name: _____

Address: _____

Phone: _____ Fax: _____

2. Name: _____

Address: _____

Phone: _____ Fax: _____

3. Name: _____

Address: _____

Phone: _____ Fax: _____

CREDIT CARD

Type: _____ C/C # _____

Expiration Date: _____

Name (as it appears on C/C): _____

It will be understood that the person signing below will personally guarantee any debt incurred in reference to this credit account.

Signed: _____

Owner/Officer

Name: _____

Title: _____

Address: _____

Phone: _____

Date: _____