



**DERRICK RENTAL EQUIPMENT**  
**P.O. Box 690 Bastrop, TX 78602 (512) 303-7368 Fax: (512) 321-2206**

**Application for Open Credit**

**Company Name:** \_\_\_\_\_  
**Billing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **Corporation** \_\_\_\_\_ **Partnership** \_\_\_\_\_ **Sole Proprietorship** \_\_\_\_\_  
**Length of time in business:** \_\_\_\_\_ **Date incorporated:** \_\_\_\_\_  
**State of Incorporation:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_  
**Accounts Payable Supervisor:** \_\_\_\_\_

**OFFICERS:**

**President/Owner:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Vice President:** \_\_\_\_\_  
**Secretary – Treasurer:** \_\_\_\_\_  
**Major Credit Card #:** \_\_\_\_\_ **Type of Card:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**TRADE REFERENCES:**

1. **Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_
4. **Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**BANK REFERENCES:**

<b>Bank Name:</b> _____	<b>Bank Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
<b>Account #:</b> _____	<b>Account #:</b> _____
<b>Phone #:</b> _____	<b>Phone #:</b> _____
<b>Fax#:</b> _____	<b>Fax #:</b> _____

I (we) understand that the information furnished on this application is for the purpose of obtaining credit from DERRICK RENTAL EQUIPMENT and I am (we are) authorized in my (our) capacity to bind my (our) firm accordingly. All accounts and monies due to you are due and payable at your place of business and all past due accounts shall automatically be due within 30 days of invoice date.

In the event this account, or any part thereof, is collected through Probate, Bankruptcy or other judicial proceedings by an attorney or is placed in the hands of an attorney for collection after maturity, then the undersigned agrees to pay a reasonable attorney's fee for collection, which in no event shall be less than ten (10) percent of the principal and interest owed.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

In consideration of credit being extended to the above named firm, I (we) personally guarantee the indebtedness. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already hereinafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. I will pay the amount within fifteen (15) days from date of notice the account is past due.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_