



# CREDIT APPLICATION



# Bobcat®

Return Completed Application by:  
Scan or Email to Office@GiffinRental.com

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_

**WHO WILL BE AUTHORIZED TO SIGN ON THIS ACCOUNT?** I/ We agree to accept all charges made by authorized persons. The following are authorized to sign on this account.

Name \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

**Information On Business and Its Owner (s) or Officers**

Legal Form of Business: Corporation  Partnership  Proprietorship

Tax ID# \_\_\_\_\_ Year Started \_\_\_\_\_

Business Description: \_\_\_\_\_

Owner/ Officer's Name \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

SSN \_\_\_\_\_

Owner/ Officer's Name \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

SSN \_\_\_\_\_

Owner/ Officer's Name \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DL# \_\_\_\_\_ State \_\_\_\_\_

SSN \_\_\_\_\_

**Bank References**

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Initial Credit Requested \_\_\_\_\_

Purchase Order Required?

Tax Exempt?

Physical Damage Coverage for Rental Equipment?

Yes

Yes (Must Attach Cert.)

Yes (Rental Protection Plan will be Charged)

No

No

No (Please see attached insurance requirement, Please attach COI to your Application)

## Trade References

For: \_\_\_\_\_

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

Trade Reference	
Company Name	
Phone:	Fax:
Contact:	Account#:

I authorize the above named references to furnish the information requested below to Mel Giffin, Inc. for the purpose of opening an account with Giffin Rental. I understand and agree that Giffin Rental may furnish such information to any party to whom Mel Giffin, Inc. may refer my request for credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY REFERENCE ONLY			
<p>The above named company has requested to open a line of credit with Giffin Rental. They have used your company as a reference. The following information will be reviewed for the sole purpose of establishing credit with Mel Giffin, Inc. The information that is provided is strictly confidential and will not be shared with anyone other than the credit department at Giffin Rental.</p>			
Date Account Was Opened: _____		Payment Terms: _____	
Credit Limit: _____		Current Balance: _____	
<p>Payment History: Please check the one that best describes the status of the account at present time.</p>			
Within Terms:	1 - 30 Days Past Due	<input type="checkbox"/>	
	31 - 60 Days Past Due	<input type="checkbox"/>	
	61 - 90 Days Past Due	<input type="checkbox"/>	
	90 + Days Past Due	<input type="checkbox"/>	
<p>How would you rate this company's performance?</p>			
Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>
		Satisfactory	<input type="checkbox"/>
		Poor	<input type="checkbox"/>
<p>Additional Comments:</p>			
Name and Title: _____		Date: _____	

**STATEMENT OF ACCURACY AND AUTHORIZATION TO CHECK CREDIT HISTORY**

This information is furnished for the purpose of obtaining credit and is warranted to be true, complete and accurate. We hereby authorize Giffin Rental to investigate the references listed relating to my/our credit and financial responsibility and to check our credit history.

If this application is made as an individual, a proprietorship or as a small, closely held corporation, I/we hereby authorize Giffin Rental to check my/our individual credit history in connection with a business transaction involving Giffin Rental. Giffin Rental may require a Personal Guarantees from corporate officers.

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of rental and/or sale as stated herein. I also accept and agree that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies and assigns.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\*Please remit all payments to 285 Rutherford St., Goleta, CA 93117

If you have any questions regarding A/P, please contact Richard Yue at AP@giffinrental.com or at 805-967-3474.

# Certificate Insurance Requirements

CERTIFICATE HOLDER:

**Mel Giffin, Inc.**

**285 Rutherford St.**

**Goleta, CA 93117**

## General Liability Insurance

Minimum Limits:

General Aggregate -	\$2,000,000
Products & Completed Operations -	\$1,000,000
Personal & Advertising -	\$1,000,000
Each Occurrence -	\$1,000,000
Fire Damage -	\$50,000
Medical Payments -	\$5,000

Mel Giffin, Inc. its officers, directors, employees and agents shall be named **ADDITIONAL INSURED** as their interest may appear. **WAIVER OF SUBROGATION INCLUDED IN FAVOR OF Mel Giffin, Inc.**

## Automobile Insurance — Rental of Trucks & Equipment Licensed for Road Use Minimum Limits:

Combined Single Limit	\$1,000,000
Hired Physical Damage Limit	\$75,000

Limit shall cover owned, hired and non-owned automobiles of the rental customer.

**Mel Giffin, Inc** is named as LOSS PAYEE with respects to the replacement cost value of the rented and/or leased vehicles.

## Equipment Floater / Inland Marine — Rental of Equipment

Equipment of Others - Any one Item — Equal to the Replacement Cost of the piece of equipment of Others — All Items — Equal to the Replacement Cost of all equipment on rent

**Or** Equipment Floater — Limit must exceed replacement cost of the piece of equipment no less than \$250,000

Deductible — Must not exceed \$5,000 (unless approved by Mel Giffin, Inc.)

**Mel Giffin, Inc.** is named as LOSS PAYEE with respects to the **replacement** cost **value** of the rented and/or leased equipment.

## WORKERS COMPENSATION — EMPLOYERS LIABILITY: [APPLICABLE TO THE STATE YOUR BUSINESS IS]

\$1,000,000	EACH ACCIDENT
\$1,000,000	DISEASE—EACH EMPLOYEE
\$1,000,000	DISEASE — POLICY LIMIT

**WAIVER OF SUBROGATION INCLUDED IN FAVOR OF [YOUR CO NAME HERE]**

## Excess / Umbrella Liability: Must follow policy forms above.

**Required limits: \$1,000,000 per Occurrence / Per Aggregate**

## Cancellation Requirement

Rental Customer shall provide to Mel Giffin, Inc. at least thirty (30) days prior to termination, non-renewal, cancellation or reduction of coverage in the policy.

## Insurance Company Requirement

Insurance Carrier shall meet a *minimum* A.M. Best Company standard rating of A- VII or greater.