

**KIM'S EQUIPMENT SALES & RENTAL CORP.**

**323 HOOKELA PLACE**

**HONOLULU, HI 96819**

**Phone: 754-4867 Fax: (808) 839-5252**

**CREDIT APPLICATION**

FIRM NAME

TRADE NAME

STREET ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS (if different from above )

BUSINESS PHONE # BUSINESS FAX # E-MAIL ADDRESS: CONTACT NAME

DATE BUSINESS ESTABLISHED PURCHASE ORDER REQUIRED ON EACH ORDER? YES NO

PRINCIPAL BUSINESS ACTIVITY CONTRACTOR'S LICENSE NO. FEDERAL I.D. # CREDIT LIMIT DESIRED

CORPORATION PARTNERSHIP PROPRIETORSHIP LLC PERSONAL OTHER

**LIST CORPORATE OFFICERS OR OWNERS NAME, ADDRESS, SOCIAL SECURITY NUMBER:**

POSITION NAME SOCIAL SECURITY # ADDRESS

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POSITION NAME SOCIAL SECURITY # ADDRESS

POSITION NAME SOCIAL SECURITY # ADDRESS

**TRADE REFERENCES**

NAME & ADDRESS PHONE# FAX#

NAME & ADDRESS PHONE# FAX#

NAME & ADDRESS PHONE# FAX#

**BANK REFERENCES**

BANK NAME ACCOUNT NO. PHONE# FAX#

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BANK NAME ACCOUNT NO. PHONE# FAX#

Terms: NET 30 DAYS; Subject to the maximum monthly interest rate allowed by law for late charges. In the event that this account becomes delinquent, then the entire balance plus any and all accrued service charges will be due and payable immediately. Applicant also agrees that if collection procedures are instituted to enforce collections on this account, to pay any and all necessary collection costs.

Information contained hereon is confidential, however it is agreed that we may contact references either verbally or in writing to obtain necessary credit information.

POSITION DATE SIGNATURE-MUST BE SIGNED BY OFFICER, PROPRIETOR OR PARTNER