



Saanichton Branch
1939 Keating Cross Road
Saanichton, BC, V8M-2A4
Phone (888) 833 – 4455
Fax (250) 652 – 0605

Victoria Branch
548 David Street
Victoria, BC, V8T-2C8
Phone (250)360 –1962
Fax (250) 360 – 1916

Burnaby Branch
5249 Regent Street
Burnaby, BC V2R-5N8
Phone (604) 291 –8001
Fax (604) 291 – 8007

Cloverdale Branch
17570 57th Avenue
Cloverdale, BC, V3S-1G7
Phone (604) 574 – 8318
Fax (604) 574 – 0762

Chilliwack Branch
45660 Yale Road
Chilliwack, BC, V2P 2N3
Phone (604) 792 – 2050
Fax (604) 792 –20605

Business Credit Application

For the purpose of establishing credit with GWG Rentals, the undersigned Applicant furnishes the following information. Applicant represents and warrants said information is a true and correct statement of its financial condition.

Company Name _____ Date _____

Address _____ City _____ Province _____ Postal Code _____

P.O. Box _____ City _____ Province _____ Postal Code _____

Phone # _____ Fax # _____

Contact Person for accounts payable _____

Type of business: Wholesale ___ Retail ___ Corp. ___ Partnership ___ General ___ Limited ___ Joint Venture ___ Sole Owner ___

Other _____ How many years in business? _____ Business location: Owned ___ Leased ___ Rented ___

Resale Certificate # _____ Contractor's License # _____ Expiration Date _____

Bonding Company _____ Is a Purchase Order Required for all transactions? Yes ___ No ___

Do you wish to purchase Damage Waiver on your contracts? Yes ___ No _____. Damage waiver is automatically charged unless declined. If declined please provide certificate of insurer and coverage to our office.

Complete ONLY ONE of the following as it applies to the ACCOUNT NAME above:

Individual or Sole Ownership: Owner's Name _____ Number of years in business _____

Birth date _____ Social Insurance # _____ Spouse's Name _____

Home Address _____ Home Phone _____

Previous Address (If less than five years at above address) _____

How many years at current address _____

Partnership: Written Agreement___ No Written Agreement___ Date Started_____ Partner Name_____

Home Address_____ Phone #_____ Birth date_____

Social Insurance #_____ Spouse's Name_____

Corporation: Chartered in Province of_____ Date of Charter_____ Registered Agent_____

Corporate Address_____

President_____ Home Address_____ Home Phone #_____

Vice President_____ Home Address_____ Home Phone#_____

Sec. Treas._____ Home Address_____ Home Phone#_____

Bank_____ Branch_____ Bank Officer_____

Account #_____ Bank Phone #_____

Please list the names of those employees who will be authorized to charge on this account. Only those listed will be able to rent or purchase equipment. If these names change please notify us at once, otherwise all charges will apply. If you do not create a signers list and do not require your employees to provide us with either a purchase order or authorized job name before rental, you will be financially responsible for all charges to your account.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*For office use

Building Trade Credit References

Company _____ Company _____ Company _____
Address _____ Address _____ Address _____
Phone _____ Phone _____ Phone _____
Fax _____ Fax _____ Fax _____
Contact _____ Contact _____ Contact _____

Company _____ Company _____ Company _____
Address _____ Address _____ Address _____
Phone _____ Phone _____ Phone _____
Fax _____ Fax _____ Fax _____
Contact _____ Contact _____ Contact _____

I (we) promise to pay my (our) account in full within fifteen days after statement is received or specified in terms and conditions of a separate written contract. If this account is not paid as agreed a delinquency charge shall be computed at the rate of two percent per month on the unpaid balance. In the event that it becomes necessary to assign the account for collection I (we) agree to pay agency fees of one-third and/or if legal action (or appeal) is required I (we) agree to pay reasonable attorney fees and costs that are incurred. If suit is brought venue may be laid in the province of creditor's choice.

You are authorized to contact any or all of the above references regarding our credit standing. I (we) have read the above terms and conditions and agree to abide to them.

Business Name _____ Date _____

Authorized Signature _____ Title _____

Authorized Signature _____ Title _____

PERSONAL GUARANTEE:

I (we) hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that the credit would not be extended to said applicant without this personal guarantee.

Name _____ Address _____ Phone _____

Signature _____ Date _____

Name _____ Address _____ Phone _____

Signature _____ Date _____

The undersigned warrants that all information is correct, has read, accepted and agrees to be bound by all of the terms set forth in this document and in each rental contract entered into by the undersigned or his agents. It is understood and agreed that the undersigned specifically consents to GWG Rentals investigating of the applicant's credit history and may utilize credit reporting services for information on the undersigned.

Facsimile copies will be accepted as originals.

Signature _____ Date _____
