



- LEASE
- RENTAL
- GMA

**LA/SF Valley**  
 3809 San Fernando Rd.  
 Glendale, CA 91204  
 Fax: (818) 243-4040

**Greater LA/OC**  
 13456 Rosecrans Ave.  
 Norwalk, CA 90650  
 Fax: (562) 921-2406

**Inland Empire**  
 1010 E. Holt Blvd.  
 Ontario, CA 91761  
 Fax: (909) 986-3609

SUPPOSE U DRIVE SALESPERSON: \_\_\_\_\_

# COMMERCIAL ACCOUNT APPLICATION (800) 404-8800

Incomplete credit application will not be processed

COMPANY NAME:		DBA:	
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT NAME:	PHONE:	FAX:	
<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	FEDERAL TAX ID #:		
NATURE OF BUSINESS:	LINE OF CREDIT REQUIRED:	DATE BUS. EST.:	
TYPE OF EQUIPMENT NEEDED:		PO's REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**OWNERSHIP** (Please give the name, home address and phone numbers of principal officers)

1. NAME:	TITLE:	PHONE:	FAX:
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT::			
2. NAME:	TITLE:	PHONE:	FAX:
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT::			

**TRADE REFERENCES** (Minimum four references, No Credit Cards, C.O.D. Accounts or Finance Agencies)

1. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:
2. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:
3. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:
4. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:

**BANK REFERENCES**

1. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:
2. NAME:	CITY:	STATE:	CONTACT:
	PHONE:	FAX:	ACCT #:

**ACCOUNTS PAYABLE CONTACT**

NAME:	EMAIL:	PHONE:
-------	--------	--------

**COMMERCIAL INSURANCE INFORMATION**

INSURANCE AGENCY:	POLICY #:
AGENT NAME:	PHONE:
	FAX:

I/We are financially responsible and are able to and will pay your invoices in accordance with your terms (Payable 7 days from date of invoice). Service charges of 1 1/2% per month are levied on all past due accounts. By signing, I/We authorize Suppose U Drive to verify all information contained in this application and to make inquiries through any other sources. **Must be signed by an officer or principal of the company.**

SIGNATURE:	PRINT NAME:	
TITLE:	EMAIL:	DATE: