



Rental Fax: (208) 887-1830

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26 E. 300 S. • Jerome, ID 83338 • (208) 324-2900 • Fax (208) 324-3212

### CREDIT APPLICATION

Confidential information to enable us to verify and update your credit file with Contractors Equipment Supply Company (CESCO)

#### BUSINESS INFORMATION

BUSINESS NAME		BUSINESS PHONE: ( _____ ) _____	
		FAX NO.: ( _____ ) _____	
MAILING ADDRESS	CITY	STATE	ZIP
SHIPPING ADDRESS	CITY	STATE	ZIP

#### OWNERSHIP INFORMATION

Type of Business:  Corporation  Partnership  Individual

If Individual: Social Security No.: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

If Corporation: State of Incorporation: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

Sales Tax Applicable?  Yes  No State Resale No.: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Requested Credit Line: \$ \_\_\_\_\_ (NOTE: If credit line is over \$1,500.00, please enclose current financial statement.)

Do you use purchase orders?  Yes  No

#### NAME OF PRINCIPAL

NAME	TITLE	HOME ADDRESS	SOCIAL SECURITY NO. (Not required if Corporation)

#### CREDIT REFERENCES

NAME	ADDRESS	PHONE

Dunn & Bradstreet No.: \_\_\_\_\_

BANK	ADDRESS AND BRANCH	PHONE

PERSON TO CONTACT	CHECKING ACCOUNT NO.	LOAN ACCOUNT NO.

(OVER)

