



800.457.6616

www.skyliftequipment.com

Please complete this application and return it by mail, fax or email to:

P.O. Box 2224 Irwindale, CA 91706 fax: 626.969.8072 info@skyliftequipment.com	<h2 style="color: red;">New Customer Application</h2>
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Business Information

Company Name:		
DBA (if different):		
Contact Person:		
Physical Address:		
City:	State:	Zip:
Billing Address (if different):		
City:	State:	Zip:
Email:	Phone:	Fax:
Federal EIN:	Year Established:	
Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other (describe):		
Description of Business:		
# of Employees:	Annual Sales: \$	

Principal/Officer

Name:	Title:	% of Ownership:
Home Address:		
City:	State:	Zip:
Email:	Phone:	Fax:

Licensing and Insurance Information

Contractor's License No.:		
State:	Bond Co.:	Bond No.:
Insurance Broker:	Agent:	
Policy No.:		
Insurance Broker Address:		
City:	State:	Zip:
Email:	Phone:	Fax:
Please Check One:		
<input type="checkbox"/> We will supply a Certificate of Insurance covering rental equipment. <input type="checkbox"/> Please apply Damage Waiver Fee in lieu of Certificate of Insurance.		

Account Information

A/P Contact:		
Email:	Phone:	Fax:
Are Purchase Order Numbers Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Purchasing Agent:	
How would you like to receive invoices? <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email		
Terms Requested: <input type="checkbox"/> Cash – prepaid or payment due with order <input type="checkbox"/> Credit – Net 30 days (complete Bank and Trade References)		

Bank Reference (Complete if requesting Credit Terms)

Bank Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Email:	Phone:	Fax:
Account Type(s): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Line <input type="checkbox"/> Business Loan		

Business Trade Reference (Complete if requesting Credit Terms)

Company Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Email:	Phone:	Fax:
Account No.:		

Agreement

The individual executing this Application on behalf of Applicant represents and warrants that he/she is of legal age and has been vested with authority and power to sign this Application on behalf of the Applicant. This Application, and all obligations thereunder shall be binding upon Applicant, its/their heirs, successors and assigns. The parties agree to accept signatures transmitted by fax or other electronic means (e.g., pdf) as if they were original signatures, and all such signatures shall be fully binding upon the parties. The individual executing this Agreement below agrees, represents and warrants that all information contained in this Application is a true, complete, and correct statement of the financial condition of the Applicant and that Applicant has read the entire application, including the terms and conditions, and agree to same, in full.

*By checking this box, the Applicant indicates that they have read and agree to the **General Terms and Conditions** and the Credit Terms and Conditions (if applying for Credit Terms) with Sky Lift Rentals.*

Signature:		
Printed Name:	Title:	Date:

Please email this completed form to info@skyliftequipment.com.
 You will receive a confirmation email with your customer account number so that you can start renting equipment.
 Thank you for choosing Sky Lift Rentals!