



**Elsinore Valley Rentals, Inc.**  
Your Rental Solution

**Elsinore Valley Rentals, Inc.**

31275 Fraser Drive  
Lake Elsinore, CA 92530  
(951) 674-2427

**Credit Application**

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ email: \_\_\_\_\_

Type of Business: Sole Proprietor Partnership Corporation Federal ID# \_\_\_\_\_ Year established: \_\_\_\_\_

References: (Give names of those you buy from on open account only; Must have references when applying for net 30 terms)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Bank Reference:

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Bank Account # \_\_\_\_\_ Email: \_\_\_\_\_

PO Option:

Purchase order required Yes No Name of Accounts Payable Supervisor: \_\_\_\_\_

Accounts Payable Phone #: \_\_\_\_\_

If credit is approved, the Buyer agrees to pay finance charges at the rate of **1.5% per month (18% per annum)** on all unpaid invoice balances exceeding the stated 30-day credit terms. This agreement constitutes a contractual obligation to pay such finance charges.

The undersigned certifies that the information provided above is furnished for the purpose of obtaining credit from you and affirms that they are authorized to bind the firm to the terms of this agreement.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_