



COAST COUNTIES TRUCK & EQUIP. CO., INC.
DBA: COAST COUNTIES PETERBILT PACLEASE
 1740 North 4TH Street (95112)
 P.O. Box 757
 San Jose, CA 95106
 Phone: 408-453-5510 Fax: 408-453-7637

INTERNAL USE ONLY

Customer #	
Approval Code	
Salesman	
C/L	
No. of Units Requested	
Rental/Lease Term	
Decline	

San Leandro
 260 Doolittle Dr.
 510-568-6933

Salinas
 920 Elvee Dr.
 831-758-2441

Windsor
 7675 Conde Lane
 707-837-2727

Eureka
 2660 Jacobs Ave.
 707-443-7073

Paso Robles
 3030 Ramada Dr.
 805-238-6764

APPLICATION FOR PACLEASE ACCOUNT: save form, fill it out and email to: contactccte@coastcounties.com

RENTAL LEASE If "Lease", Please Include Last Two Year-End Financial Statements.

Name: _____
 DOB: _____
 SSN: _____
 Phone: _____
 Driver's License: _____ State Issued: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

Business Name: _____
 DBA: _____
 Business Address: _____ Years: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Company Website: _____

Physical Address if different from above:
 Address: _____
 City: _____ State: _____ Zip: _____

Own: Rent: Years: Prev. Addr. _____ City: _____ State: _____ Zip: _____
 Spouse: _____ Employed by: _____ Years: _____ City: _____ Phone: _____
 Type of Business: _____ Individual: Partnership: Corporation: LLC: Years in Business: _____
 Name of Officers or Partners: _____
 Have you ever filed for bankruptcy? Yes No If yes, when? _____
 Accounts Payable Contact: _____ Email: _____ Phone: _____

PURCHASE POLICY (Attach if space not sufficient) Please explain any purchase order requirements or restrictions including names of persons authorized to rent vehicles or equipment.

REFERENCES ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

Bank:
 Primary Bank: _____ Checking Account # (Required): _____
 Street Address: _____ Savings Account #: _____
 City, State, Zip: _____ Loan Account #: _____
 Bank Officer: _____ Phone: _____ Fax: _____
 Email: _____

Insurance Information:
 Agency Name: _____ Insurer: _____

Policy Number: _____ Phone: _____ Contact Name: _____

List suppliers with whom you have established credit:

	Company Name	Address	Phone number	Fax number
1.			()	()
2.			()	()
3.			()	()
4.			()	()
5.			()	()

The above information, which is certified correct, is submitted for the purpose of obtaining credit. Applicant hereby authorizes investigation of any and all sources listed on this application as well as such credit bureau reports as Coast Counties Truck & Equipment Company may desire for the establishment and maintenance of a credit account (if any). If credit is extended, I (we) hereby agree to cooperate, in consideration of this privilege, by paying all charges billed to my account within 30 days of the invoice date. It is agreed that I (we) will pay a finance charge of 1-1/2% per month, annual percentage rate 18%, on unpaid balance over 30 days. In the event of legal action arising from this transaction, the parties agree that the proper Court of competent jurisdiction shall be within the Count of Santa Clara, State of California, and the prevailing party shall be entitled to an award of reasonable attorney fees, costs and necessary disbursements.

Signature: _____ Title: _____ Date: _____
 (Authorized Signer for Bank Account Reference)

Print Name: _____ Email: _____