

Galpin Motors, Inc 1763 N. Ivar Ave Hollywood, CA 90028 323-957-3333 323-856-6790 Fax	<div style="display: flex; align-items: center; justify-content: center;"> <div> GALPIN RENTALS </div> </div> <p style="text-align: center; margin-top: 10px;"> Credit Application For the purpose of obtaining service and/or merchandise from Galpin Motors, Inc., the following statement in writing is made, intending that you should rely on same as true and correct. </p>	Galpin Rent-A-Car 8353 Sepulveda Blvd. North Hills, CA 91343 818-891-1751 818-778-3027 Fax
--	---	---

Company Information:

Firm Name:		DBA:	
Street Address:		Phone#:	EMAIL Address:
City:	State:	Zip Code:	Year Started:
Federal ID#:		Do you have a resale exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Permit#:	

Corporate Status: Check 1 (one) that applies:

Corporation, List Corporation Officers
 Non-Corporation, List owners
 Partnership, List Partners

President/Owner/Partner	Title:	Officer#2/Owner#2/partner#2	Title:	Officer#3/Owner#3/Partner#3	Title:
Home Address:		Home Address:		Home Address:	
Social Security#:	Phone#:	Social Security#:	Phone#:	Social Security#:	Phone#:

If Not Incorporated Please Fill The Following Information:

Driver License#:	Date of Birth:	
------------------	----------------	--

If Partnership, Attach a Signed Resolution.
 A resolution must be signed by all partners indicating they agree to an open account and that they will accept full responsibility for any and all charges.

Trade References: (A minimum of 3 (three) Suppliers you buy from on open account):

Reference#1:	Reference#2:	Reference#3:
Fax:	Tel:	Fax:
Street:	Street:	Street:
City:	State:	Zip Code:

Bank Reference:

Bank Name:	Street:	City:	State:	Zip Code:
Banking Officer:	Phone#:	Fax#:	Acct#:	Account Type (I.e. Checking)

Real Estate Information:

Check 1 (one)	Street:	City:	State:	Zip Code:	Approximate Market Value:
Rent <input type="checkbox"/>	Landlord/Bank Name:	Landlord/Bank Phone#:		Monthly Rent/Loan Payment:	
Own <input type="checkbox"/>	Landlord/Bank Street Address:	Landlord/Bank City:	State:	Zip Code:	

Insurance Information:

Agent Name:	Agency Name:	Street Address:
Phone#:	Policy#:	City: State: Zip Code:

All charges are to be paid within 30 days from the date of purchase. A 1 1/2% per month finance charges will be assessed on all balances past due. In the event that it becomes necessary to initiate legal action to collect funds due, it is agreed that Galpin Motors, Inc., shall be entitled to recovery of attorney's fees, court costs, and any other costs or fees allowed by law. **WRITTEN PURCHASE ORDERS ARE REQUIRED ON ALL PURCHASES (unless other written arrangements are made).**

Galpin Motors, Inc. is authorized to verify any and all sources associated with the above to substantiate credit information as it relates to this matter.

X _____ _____ DATE
 (Signature of Corporate Officer) TITLE

_____ PRINT NAME