



COMPRESSOR SERVICE

Los Angeles
5041 S. Santa Fe Ave.
Los Angeles, CA 90058
(323) 583-4771
Fax (323) 588-9072

Ontario
350 S. Milliken Ave. Suite M
Ontario, CA 91761
(909) 937-3350
Fax (909)-937-3360

FAX CREDIT APPLICATION TO 909-937-3360

APPLICATION FOR CREDIT

Name of firm or individual No. Yrs at this address

Street Address City State Zip Code

Billing Address, if different than Street Address City State Zip Code

Telephone Number Fax Number

Entity: Corporation Partnership Public Entity
U.S. Government Individual Non-Profit

If a corporation, name of state in which incorporated: Year

Check here if incorporated in the last twelve (12) months.

Ownership

Companies not incorporated must complete the following information:

Name of Principal Date of Birth

Home Address City State Zip Code

Social Security Number Home Telephone No.

Name of Principal Date of Birth

Home Address City State Zip Code

Social Security Number Home Telephone No.

**** FAX NUMBERS FOR TRADE REFERENCES MUST BE PROVIDED IN ORDER TO PROCESS THE
APPLICATION
OSTERBAUER COMPRESSOR SERVICE – Application for Credit**

COMPANY OFFICERS (Two Minimum)

President

Vice President

Secretary

Treasurer

Note: Interest charges of 1-½ % per month will be charged if payments are not made within 30 days of invoicing, and in the event payment is not made within 60 days of invoicing, Customer agrees to pay all costs and expense of collection, including but not limited to attorney fees.
Initial by Company officer(s) _____

Notice: Under the “Mechanics Lien Law” (California Code of Civil Procedures, Section 1181 et seq.), any contractor, sub contractor, laborer, supplier or other person who helps to improve your property but is not paid for his/her work or supplies, has a right to enforce a claim against your property. This means that, after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your own contractor in full, if the sub contractor, laborer, or supplier remains unpaid.

Initial by Company Officer(s) _____

OSTERBAUER COMPRESSOR SERVICE – Application for Credit

*** FAX NUMBERS MUST BE PROVIDED IN ORDER TO PROCESS APPLICATION ***

TRADE REFERENCES

1. _____ (____) _____ - _____
Firm Phone Number

_____ (____) _____ - _____
Street Address City State Zip Code Fax Number

2. _____ (____) _____ - _____
Firm Phone Number

_____ (____) _____ - _____
Street Address City State Zip Code Fax Number

3. _____ (____) _____ - _____
Firm Phone Number

_____ (____) _____ - _____
Street Address City State Zip Code Fax Number

4. _____ (____) _____ - _____
Firm Phone Number

_____ (____) _____ - _____
Street Address City State Zip Code Fax Number

BANK REFERENCES

_____ (____) _____ - _____
Bank Phone Number

_____ *Account Number* _____ *Contact Name*

_____ (____) _____ - _____
Bank Phone Number

(____) _____ - _____
fax number

_____ *Account Number* _____ *Contact Name*

OSTERBAUER COMPRESSOR SERVICE – Application for Credit

CREDIT RELEASE AUTHORIZATION

I hereby request and authorize my bank, trade references and financial institutions to release my credit information, verbal or otherwise, to:

Osterbauer Compressor Service, Inc.

and /or assigns, and /or any financial institution requesting verification of my credit standing and history for the purpose of qualifying for credit.

Name of Account: _____ Account # _____

By: _____
Signature / Title Date

Please respond quickly, as time is of the essence. I appreciate your prompt attention to this matter as we have an immediate need to qualify for credit. Thank you.

To issue a verbal rating, please call Vicki Cline in our Credit Department (909) 937-3350

Or, fax rating to (909) 937-3360

FOR BANK, TRADE AND FINANCIAL INSTITUTION USE ONLY

Account Number _____ Date Opened _____

\$ _____
Account Active? YES NO Last Purchase Date Monthly Average

Terms _____ Account Satisfactory? YES
NO

If not satisfactory, please explain:

By _____
Signature of