



SOMMER'S MOBILE LEASING, INC.

1800 Lorain Blvd. Elyria, Ohio 44035
Phones: ELYRIA (440) 324-2400 CLEVELAND (440) 777-9268
1-800-826-5654 FAX (440) 324-2405

Credit Information Form

(Please type or print)

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Accounts Payable Contact: _____ Phone () _____ Fax () _____

Expected Monthly Credit Requirement: \$ _____ Are Purchase Order Numbers Required for Billing? _____

_____ Individual/Sole Proprietorship * _____ Partnership _____ Corporation

President: _____

Phone: () _____ FAX () _____

Controller: _____

Phone: () _____ FAX () _____

Federal Tax # : _____ DUNS # : _____ * SS # : _____

How Long in Business: _____ Type of Business: _____

Bank Name: _____ Bank Account # : _____

Address: _____ City _____ State _____ Zip _____

Simple personal guarantee: In order to obtain credit from YOUR COMPANY, I hereby personally Guarantee the payment of all debts incurred by the above noted company, even if the invoice is made out to a corporation or partnership.

Date: _____ **Signed:** _____

The undersigned hereby personally guarantees any indebtedness incurred on the aforesaid account and waives presentment and demand for payment, notice of non-payment, protest and notice of protest, and consents without notice of any extensions of time or increase in the amount of the credit given. This is intended to be a continuing guarantee and shall continue as to all new indebtedness incurred unless and until a written notice is served upon CREDITOR, by Certified Mail-Return Receipt Requested, declaring said personal guarantee shall not apply to future purchases. A signed facsimile copy shall be binding between the parties.

Print name of Officer/Partner/Owner

Signature of Officer/Partner/Owner

Trade References (Please include name, address, phone and fax.)

1) _____

2) _____

3) _____

4) _____

Thank you for choosing Sommer's Mobile Leasing