



Komatsu Forklift – Northern California
2792 Mandela Parkway – Oakland, CA 94607

www.800forklift.com

Phone - 510-238-5275 / 1-800-FORKLIFT

FAX: 510-763-5041 / SALES FAX: 510-763-5050

CREDIT APPLICATION

Please complete in full (or attach a pre-completed information sheet on your Company) & sign below.

LEGAL BUSINESS NAME _____

BILLING ADDRESS _____
Street City State Zip

DELIVERY ADDRESS _____
Street City State

TELEPHONE NUMBER () _____ FAX # () _____

Federal ID # _____ Years in business _____ Type of organization: Sole Owner _____
Partnership _____
Corporation _____

Type of Business _____ RESALE LIC. NO. _____

NAME OF PRINCIPALS: (to be completed if in business under 5 years or if sole owner or partnership)

Name _____ Title _____ Home Address _____ Social Security# _____
Name _____ Title _____ Home Address _____ Social Security# _____
Name _____ Title _____ Home Address _____ Social Security# _____

PARENT COMPANY: (if any)

Name Address City State Phone #

BANK REFERENCE

NAME OF BANK _____ CONTACT _____
ADDRESS _____ PHONE# _____
ACCOUNT NO. _____ TYPE OF ACCOUNT _____
TYPE OF ACCOUNT _____

TRADE REFERENCES: (Lease/Finance preferred or Trade References if unavailable)

Name of Company Complete Address Telephone# Acct#

I (We) certify that the above information is true and correct. I (We) fully understand your credit terms of Net 10 Days and agree to the proper payment in consideration of extended credit. I authorize all the above references to release credit information to Kalmar AC/Komatsu Forklift, Northern California Division.

BY: _____ DATE: _____
Signature Title