Company Name: _____ Phone: _____
Address: _____
City:_____ State:_____ Zip:_____

Owner/President Name: _____
Billing Address (if different):_____

Main Contact Email Address:_____
AP Contact Email Address:_____

Company Structure (circle one please): Corporation • LLC • Sole Proprietor
TIN or SSN: _____

Bank References

Bank Name_____Account#_____

Phone#_____ No. of years_____ Account Rep _____

Trade/Credit References

Name_____Phone_____email_____

Name_____Phone_____email_____

Name_____Phone_____email_____

I certify that above is true and correct:

Sign_____Title_____Date_____

*****SIGN BELOW TO HAVE EQUIPMENT DROPPED ON SITE WITHOUT SIGNATURE. (BLANKET SIGNATURE) *****

Signature_____Print_____

Rentals require an insurance certificate on file naming Interstate 80 Forklift, Inc. as additional insured with General Liability, Workers Compensation and auto if hauling our equipment. Please see our requirements, attached.

Please email completed form and Certificate of Insurance to: accounting@i80forklift.com

70 Union Way – Vacaville, CA 95687
Phone: (707) 451-5100