



**Interstate 80 Forklift, Inc.
4970 Allison Pkwy Ste C
Vacaville, CA 95688**

Company Name _____

Phone# _____ Fax# _____

Address _____ Ste# _____

City _____ State _____ Zip _____

Corporation Partnership Sole proprietorship Individual Federal ID# _____

Name (President) _____

Billing Address _____

Bank References

Bank Name _____ Account# _____

Phone# _____ # Of years _____ Account Rep _____

Trade/Credit References

Name _____ Phone# _____ Fax# _____

Name _____ Phone# _____ Fax# _____

Name _____ Phone# _____ Fax# _____

I certify that above is true and correct

Sign _____ Title _____ date _____

*****PLEASE SIGN BELOW TO HAVE EQUIPMENT DROPPED ON SITE
WITH OUT SIGNATURE. *** (BLANKET SIGNATURE)**

Signature _____ Print _____

*****Rentals must also have 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 fax back to: 707-451-5101*****