Information Request



1300 N Gaffey St., San Pedro, CA 90731

Phone: 424-536-3228

Please provide the following information and email the completed form to ViperEquipment2020@gmail.com.

If you require additional information, please call (424) 536-3145.

COMPANY INFORMATION: (Please print or type)

Telephone:	Fax:		
Type of Business:			
Federal Tax ID:			
	Class:		
Owner: (if sole-proprietor), Partner's	or Officer's Name(s) and Title(s):		
Name:	Title:	Title:	
Name:	Title:		
Name:	Title:	Title:	
LLING INFORMATION:			
Mailing Address: City:			
Mailing Address:	State: Zip Cod	e:	
Mailing Address:City:	State: Zip Cod Fax:	e:	



AJF Enterprise, LLC DBA Viper Equipment

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In consideration for the extension of credit, said business promises:

- To pay for all purchases within the agreed terms and agrees to pay a service charge per month of 1.5% per month (18% annual percentage rate) on all past due balances.
- That if legal action is necessary, the credit user agrees to pay reasonable court costs and attorney's fees as awarded by the Court. That venue shall be in the county and court nearest to the credit grantor or its agent.
- •In the event of assignment of an account to collections, the creditor is entitled to collection agency fees as specified, 25% for full-service collections, 35% for attorney involvement/litigation and 50% for special handling: bankruptcy, closed businesses, and skip tracing.
- •The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Any misrepresentation in this application will be considered evidence of fraud, since this is the basis for the extending of credit, as an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

	Name of Business	
Print Name	Title	Signature
	 Date	



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r	rease return tills complete	ed authorization by email at ViperEquipment2020@gmail.com
Company Name	:	
Email Address:		
	O VISA	○ MASTERCARD ○ AMEX
	CREDIT CARD #:	
	EXPIRATION DATE:	
	CVV#: (visa/MC on back – Amex on front)	
	NAME ON CARD:	
	BILLING ADDRESS:	
	ZIP CODE:	
credit card info	this form, I authorize AJ ormation on file as my de	Automatic Bill-Pay Terms IF Enterprise, LLC DBA Viper Equipment Rental & Sales to keep m fault payment method. I consent to AJF Enterprise, LLC DBA Vipe y credit card at the end of each invoicing cycle and for all completed rental contracts.
n:		Date:
nt Name:		Title:

THANK YOU FOR CHOOSING VIPER EQUIPMENT!