



Dear Customer:

The entire family of Galpin Ford Rent-A-Car/Studio Rentals would like to take this opportunity to thank you for GO-ing Galpin.

We, at Galpin Ford Rent-A-Car/Studio Rentals continuously strive to provide our valued customers with the newest, well maintained and cleanest vehicles.

It is our company policy to conduct our business in a manner that gives full attention to providing the best service to our customers.

In order to make your transactions more convenient, we do offer "credit accounts" to our customers that meet certain credit requirements.

To apply for credit with Galpin, we require the following:

- Galpin's credit application must be completely and accurately filled out
- If your company had provided us a credit sheet, Galpin's credit application must still be signed.
- All original documents has to be signed by a **Corporate Officer**
- All original documents has to be mailed and a copy faxed to us
- Include a **Certificate of Insurance**

It takes about two weeks to verify information before the account is approved and opened. Meanwhile, your account will be a "Deposit Account" until it is approved.

We do require written **Purchase Orders** before all rentals.

Please accept this as an invitation to share your experience with us. We are always interested in suggestions that would allow us to progress on our road of "continuous improvement".

Please mail and fax the application to:

Galpin Studio Rentals
Attn: Accounting
1763 Ivar Ave., Hollywood, CA 90028
Tel no. 323-957-3333 Fax no. 323-856-6790

Cordially,

A handwritten signature in black ink, appearing to read "William Wernli".

William Wernli
General Manager
Galpin Ford Rent-A-Car/Studio



323-957-3333

Insurance Requirements


Galpin Motors Inc with requires the following:

- a. Galpin Motors, Inc. to be issued a Certificate of Insurance. Galpin Motors, Inc to be named as certificate holder.
- b. Certificate must name Galpin Motors, Inc. as **“Additional Insured” for Auto liability, which covers rented vehicles**. The liability coverage must be a minimum of \$1,000,000.00
- c. Certificate must name Galpin Motors, Inc. as **“Loss Payee”** for physical damage to rented vehicles.

FAX Ins Cert to: **323-856-6790**

Please List Certificate Holder as Listed Below:

Galpin Motors, Inc.
Db a Galpin Ford Studio Rentals
1763 Ivar Ave.
Hollywood, CA 90028

Galpin Motors, Inc 1763 N. Ivar Ave Hollywood, CA 90028 323-957-3333 323-856-6790 Fax	 <p style="margin: 0;">Credit Application</p> <p style="margin: 0; font-size: small;">For the purpose of obtaining service and/or merchandise from Galpin Motors, Inc., the following statement in writing is made, intending that you should rely on same as true and correct.</p>	Galpin Rent-A-Car 8353 Sepulveda Blvd. North Hills, CA 91343 818-891-1751 818-778-3027 Fax
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Company Information:

Firm Name:		DBA:	
Street Address:		Phone#:	EMAIL Address:
City:	State:	Zip Code:	Fax#:
		Type of Business:	Year Started:
Federal ID#: _____ Do you have a resale exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Permit#: _____			

Corporate Status: Check 1 (one) that applies:

Corporation, List Corporation Officers Non-Corporation, List owners Partnership, List Partners

President/Owner/Partner Title:	Officer#2/Owner#2/partner#2 Title:	Officer#3/Owner#3/Partner#3 Title:
Home Address:	Home Address:	Home Address:
Social Security#: Phone#:	Social Security#: Phone#:	Social Security#: Phone#:

If Not Incorporated Please Fill The Following Information:

Driver License#:	Date of Birth:	Marital Status:	If Partnership, Attach a Signed Resolution. A resolution must be signed by all partners indicating they agree to an open account and that they will accept full responsibility for any and all charges.
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Trade References: (A minimum of 3 (three) Suppliers you buy from on open account):

Reference#1:	Reference#2:	Reference#3:
Fax: Tel:	Fax: Tel:	Fax: Tel:
Street:	Street:	Street:
City: State: Zip Code:	City: State: Zip Code:	City: State: Zip Code:

Bank Reference:

Bank Name:	Street:	City:	State:	Zip Code:
Banking Officer:	Phone#:	Fax#:	Acct#:	Account Type (I.e. Checking)

Real Estate Information:

Check 1 (one)	Street:	City:	State:	Zip Code:	Approximate Market Value:
Rent <input type="checkbox"/>	Landlord/Bank Name:	Landlord/Bank Phone#:		Monthly Rent/Loan Payment:	
Own <input type="checkbox"/>	Landlord/Bank Street Address:	Landlord/Bank City:	State:	Zip Code:	

Insurance Information:

Agent Name:	Agency Name:	Street Address:
Phone#:	Policy#:	City: State: Zip Code:

All charges are to be paid within 30 days from the date of purchase. A 1 1/2% per month finance charges will be assessed on all balances past due. In the event that it becomes necessary to initiate legal action to collect funds due, it is agreed that Galpin Motors, Inc., shall be entitled to recovery of attorney's fees, court costs, and any other costs or fees allowed by law. WRITTEN PURCHASE ORDERS ARE REQUIRED ON ALL PURCHASES (unless other written arrangements are made).

Galpin Motors, Inc. is authorized to verify any and all sources associated with the above to substantiate credit information as it relates to this matter.

_____ (Signature of Corporate Officer)	_____ TITLE	_____ DATE
_____ PRINT NAME		



Phone (323) 957-3333
Fax: (323) 856-6790

CREDIT/DEBIT CARD AUTHORIZATION REQUEST	
Name of Cardholder:	_____
Address:	_____
Business Name:	_____
Office Phone No.:	_____ Home Phone No.: _____
Credit Card & Bank:	_____ Debit/Credit? _____
Credit Card No.:	_____
Expiration Date:	_____ Card Verification Code: _____
Social Security No. (last 4):	_____

I hereby authorize Galpin Motors, Inc. Rental Car Division to process the above credit/debit card for full payment of all rental charges incurred by me and/or the names listed below. It is also agreed that I may pay cash or check upon return of any vehicle(s) if I so choose. Substitution of payment in lieu of processing my credit card must be done upon return of any rented vehicles.

When signed, this document will serve as "Signature on File" for all rental agreements in my name and/or in the name of my company and/or in the name of individuals listed below as authorized to sign.

This agreement may be terminated by either party with 30 days written notice or upon the expiration date of the credit/debit card, whichever occurs first. Any outstanding balance owed can, and will be charged to my credit/debit card. In the event no further charges can be processed on my credit/debit card, for any reason, I agree to be personally responsible to pay those charges to Galpin Motors, Inc. upon demand.

Signature of Cardholder

Date

Driver's License No.

State & Expiration Date

Important - Please Include Information Requested Below:	
Name of Company:	_____
Job Specific - Credit Card Authorizations	
Job Name:	_____
Purchase Order #:	_____
Individuals authorized to sign on above credit card:	
Name: _____	DL No.: _____
Name: _____	DL No.: _____



Phone (323) 957-3333

Fax (323) 856-6790

PERSONAL GUARANTEE

In consideration of the arrangements between Galpin Motors, Inc.

and

Name of Company

I understand and agree to be personally responsible for any and all financial obligations of the above named business and/or individual. I also accept responsibility for all terms and conditions set forth between Galpin Motors, Inc. and the above referenced business or individual. This includes but not limited to all terms and conditions as set forth in any and all **RENTAL AGREEMENTS** and other **INVOICES**.

I agree that Galpin Motors, Inc. may verify information presented with any credit bureau or other sources available.

Please Include All Information Requested Below:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone No.: _____

Business Phone No.: _____

Social Security No.: _____

Driver License No.: _____ **State:** _____ **Exp:** _____

Date of Birth: _____

Signature

Date