

**BOB WARD JR. EQUIPMENT COMPANY**  
**6110 CHIPPEWA, DALLAS, TX 75212 Ph: (214) 638-2500 Fax: (214) 638-6900**  
**Email: jackie@bobwardjequipment.com**

Date: \_\_\_\_\_ Attn: \_\_\_\_\_ PO Required: \_\_\_\_\_

**NOTE:\*\*\*To avoid Theft Insurance charges, attach Certificate of Insurance for Leased Equip with Application**

Firm Name in Full: \_\_\_\_\_ County: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Office Telephone # (\_\_\_\_) \_\_\_\_\_ Office Fax # (\_\_\_\_) \_\_\_\_\_

Contact: \_\_\_\_\_ Cell/Pager # (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Company is: ( ) Individual ( ) Partnership ( ) Corporation ( ) Other \_\_\_\_\_

Corporate ID # \_\_\_\_\_ Individual or Partnership SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner or Officer's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_ cell # (\_\_\_\_) \_\_\_\_\_

Your Business started on \_\_\_\_\_ Operated under present owner since \_\_\_\_\_

**Personal Guarantee: The undersigned does hereby guarantee to BOB WARD JR. EQUIPMENT COMPANY, the payment of this account**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness \_\_\_\_\_

**TRADE REFERENCES: PLEASE provide fax number and account #**

Company: _____	Company: _____
City _____ State _____	City _____ State _____
Fax #: _____	Fax #: _____
PH # _____ Acct # _____	PH # _____ Acct # _____

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City _____ State _____	City _____ State _____
Fax #: _____	Fax #: _____
PH # _____ Acct # _____	PH # _____ Acct # _____

Company: _____	Company: _____
City _____ State _____	City _____ State _____
Fax #: _____	Fax #: _____
PH # _____ Acct # _____	PH # _____ Acct # _____

Terms are net 30 days from Invoice date, Payable: Bob Ward, Jr Equipment Co, at 6110 Chippewa, Dallas, TX 75212. All past due accounts are subject to an interest charge of 18% annually, all invoices will be mailed to the address applicant as shown above. In signing the undersigned agrees to the above.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_