



# Credit Application/Agreement

Date \_\_\_\_\_

Full legal Business Name & D/B/A: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ State or UBI # \_\_\_\_\_

Type of Business: [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietors  
How long in business \_\_\_\_\_ Bonding Company \_\_\_\_\_

Bank information:  
Bank Name \_\_\_\_\_ Branch \_\_\_\_\_  
Account # \_\_\_\_\_ Phone \_\_\_\_\_ Contact \_\_\_\_\_

### Owners Information

Name _____	Name _____
Home Address _____	Home Address _____
City/State _____	City/State _____
Phone Number ( ) _____	Phone Number ( ) _____
Title _____	Title _____
Social Security # _____	Social Security # _____
Drivers Lic # _____	Drivers Lic # _____

### Trade References

Company Name	Address	Telephone
_____	_____	_____
_____	_____	_____

The undersigned warrants that all information provided herein is correct, that he or she has read, accepted and agrees to be bound by all of the terms and conditions of this agreement and the terms and conditions of Creditor's standard form invoice a copy of which has been received. The undersigned promises to pay the account in full within 10 days net prox. In the event the account is not paid when due, interest shall accrue on the unpaid balance at the rate of 18 percent per annum or the maximum legal rate, whichever is less. The undersigned agrees to pay attorneys fees and costs in the event the account is referred to an attorney for collection. In the event that legal action is required, venue may be laid in the county and state of Creditor's choice. It is understood and agreed that the undersigned specifically consents to Creditor's investigating the applicant's credit history and may utilize credit reporting services, trade reports, trade references and bank references for the purpose of determining whether to extend or continue the extension of credit to applicant. Creditor may revoke the extension of credit at any time for any reason

Authorized Signature X \_\_\_\_\_

Title \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

**Your Account Information**

**Do You Require Purchase Orders** Yes\_\_\_\_\_ No\_\_\_\_\_

**Do You have an Authorize list of Employees That Can Charge**  
*If you do Please provide a List* Yes\_\_\_\_\_ No\_\_\_\_\_

**What Type of Business are you? General Contractor, Excavation, Plumbing Contractor, Electrical Contractor, Brewery, Etc or place your SIC or NAICS Code.**\_\_\_\_\_

**Contractors Lic #**\_\_\_\_\_

Please check the box that applies:

We prefer mailed invoices and statements  We prefer emailed invoices and statements at this address:\_\_\_\_\_

**We highly recommend to our customers to use our Equipment Protection Plan it is very reasonable at only 10% of the Rental**

**Equipment Protection Plan**

Sign up for our Equipment Protection Plan. The EPP is not insurance or a warranty. You may decline our Equipment Protection Plan if you have and provide proof of insurance covering all damage to or loss of the Equipment. Our Damage Waiver covers:

- A. *Blown hydraulic lines (normal repair cost is \$50-100)*
- B. *Tracks that have come off (normal repair cost \$75)*
- C. *Bucket teeth replacement as long as tooth is not lost (normal repair cost \$35)*
- D. *Minor dents and scratches to body work (normal cost is \$90 per hour)*
- E. *Pull ropes, damage to electrical cords, damage to air hoses*
- F. *Hydraulic cylinders nicks and dings fittings (normal cost \$400-\$2,000)*
- G. *Broken lights*
- H. *Service calls both necessary and unnecessary*
- I. *Tiller tines (normal cost \$12)*
- J. *Fuel issues - covers filters but not replacement of fuel (normal cost \$75-\$335)*
- K. *Belts drive (normal cost \$15-150)*
- L. *Blades - mower, chipper, saw (normal cost \$20-150)*
- M. *Diamond core bit and blades rebar damage (normal cost \$75-\$500)*
- N. *Pump volute housing*
- O. *Coverage is limited to 80% of repair bill. Maximum coverage of repairs is\$2500.00.*  
**Balance of repairs is customer responsibility.**

Please check the box that applies:

We Accept the Damage Waiver  We Decline the Damage Waiver