

CREDIT APPLICATION



1356 E Beechcraft Ct
Boise, ID 83716
(208)338-5861
www.tatesrents.com

Strictly Confidential

To Our Customers:

The information contained in this file is for the purpose of establishing a line of credit that will meet your needs. The more information we have, the better we can serve you. Please complete this credit application in full and sign the credit agreement on the back, forward to: accounting@tatesrents.com.

Thank you for your time and co-operation
Credit Department

Business Information

Business Applicant									
Address				<input type="checkbox"/> Own	Billing Address				
				<input type="checkbox"/> Rent					
City			State	Zip	City			State	Zip
Business Phone			Dunn & Bradstreet (If applicable)				County		
Email						Est. Monthly Rental Volume		Years in Business	
Federal ID #		Type of Business: <input type="checkbox"/> Sole Prop <input type="checkbox"/> Partner <input type="checkbox"/> LLC <input type="checkbox"/> Corp		Nature of Business				Number of Employees	

Current Job/Project Information

Project Name				Property Owner				
General Contractor		Address			City		State	Zip

Accounts Payable Information

A/P Contact Name		A/P Contact Phone	A/P Contact Fax	A/P Email
How would you prefer to receive invoices and statements?		<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Customer Web Portal		

Officers Information

Name	Title	Mobile Number	Email
Name	Title	Mobile Number	Email
Name	Title	Mobile Number	Email

Owner/Partnership/Sole Proprietor/Individual Personal Information

(Submit information on all partners; Corporations of greater than 5 years may omit this section)

Name		Address			Home Phone	
Years at current residence	<input type="checkbox"/> Buying <input type="checkbox"/> Renting	City	State	Zip	Mobile Phone	
Driver's License Number		Birth Date	Social Security Number			
Previous Address		City			State Zip	

Banking Information

Bank Name		Contact	Phone	
Location		City	State	
Checking Account #	Savings Account #	Loans? (circle one) Yes / No		If Yes, Account #(s)

Account Information

Credit Limit Requested: \$

Yes / No Do you require a purchase order or job name on each invoice? If yes, equipment will not be released unless provided.

Yes / No Do you have any restrictions on who can order and sign for equipment? If yes, list all authorized personnel

1.) Name Mobile Email

2.) Name Mobile Email

3.) Name Mobile Email

4.) Name Mobile Email

Yes/No Are your rentals/purchases tax exempt? If yes, please attach a copy of your tax exemption Certificate

Please note that tax will be charged until we receive a copy of your tax exemption

Yes/No Do you wish to purchase Limited Damage Waiver on each contract

Please Read Carefully

Limited Damage Waiver – In the event you elect to decline Limited Damage Waiver on each contract, you may be responsible for full cost of any and all repairs of the full replacement cost of the equipment. Limited Damage Waiver covers 80% of cost to repair or replace covered items which suffer physical damage of up to \$5,000 during the rental term set forth in your Rental Contract. You will remain liable to a deductible equal to 20% of such repair/replacement cost. Limited Damage Waiver does not cover cleaning, maintenance, excessive wear and tear, theft, damage or loss of accessories, or costs due to customer negligence, in accordance with terms printed on the front and reverse of each contract. The price of Limited Damage Waiver is 12% of the rental cost of equipment. **In the event Limited Damage Waiver is left blank, we will automatically default the account to charge Limited Damage Waiver until we receive written notice and a valid certificate of insurance.**

Certificate of Insurance – (Required) – A general liability certificate is required. Tates Rents Inc must be listed as additional insured and loss payee for rented/leased equipment as well as the certificate holder. The general liability and property coverage limits for rental/leased equipment must be listed. (See attached COI example)

****Failure to supply a valid COI will automatically default all contracts to be charged Limited Damage Waiver until one is received.****

For more information, please contact our Credit Department at (208)338-5861

Trade References

Name	Contact	Phone	Email
Name	Contact	Phone	Email
Name	Contact	Phone	Email

Credit Agreement

The undersigned (herein called the "Company"), in return for consideration of the extension of credit, complies to Bates Rents, Inc (herein called "Bates Rents" and it's successors the following:

1. The above information is true and complete
2. Bates Rents is authorized to investigate the credit of the Company. The above named references and all other persons or firms are authorized to disclose any information they deem appropriate concerning the credit-worthiness and business of the Company.
3. The Company agrees to pay all debts and to perform all other obligations to Bates Rents as they become due, including, without limitation, such debts and obligations as may arise pursuant to Rental Contracts executed by or on behalf of the company now or in the future. Net 30 days from the billing date of invoice. Interest and/or finance charges on past due accounts shall accrue at the rate specified in each Rental Contract from the date of such Rental Contract. All current and future employees of the company are and will be authorized to enter in to Rental Contracts and incur liabilities to Bates Rents on behalf of the company.
4. The Company agrees to pay all cost and expenses incurred by or on behalf of Bates Rents to collect or enforce any debts or obligation owing from the Company to Bates Rents which are not paid or performed when due, including, without limitations, the fees of collection agencies, court costs and attorney fees. In the event that legal action is taken by either The Company or Bates Rents regarding this agreement, the venue for said action will be within the state of Idaho.
5. If the damage waiver for a piece of equipment is waived by either the Company or a representative of the Company, be it a current or future employee or any representative or any other representative, the Company will be held responsible to pay all repair fees or pay to replace said piece of equipment in the event of the equipment being damaged. The Company will also be responsible to continue paying the rent on said equipment according to the Rental Contract until the equipment is repaired and deemed suitable for rental, or it can be replaced.
6. Bates Rents may suspend or terminate the granting of credit to the Company at any time and the extension of any credit shall at all times be subject to the approval of the Company's credit-worthiness at the sole discretion of Bates Rents. The Company authorizes Bates Rents to release information to any and all interested persons concerning the credit of the Company and the experience of Bates Rents in collecting the accounts owed by the Company.
7. The undersigned states that the Company is in full and complete understanding, and is in full agreement, with the requirements listed above for the extension of credit to said Company by Bates Rents.

The Undersigned the Performance of this Credit Agreement & Acknowledgement of Applicant

X

Signature of Applicant

Date

Print Name

Title

Print Name
Title

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

Personal Guarantee

In consideration of the extension of credit to the Company by Bates Rents, the undersigned (herein called "Guarantor" whether one or more) does hereby unconditionally guarantee to Bates Rents payment of all debts due and the performance of all obligations owed by the Company to Bates Rents now or in the future, including, without limitation, pursuant to Rental Contracts executed or to be executed by the Company. Guarantor hereby expressly waives notice of acceptance of this guarantee, notices of non-payment and nonperformance, notices of amount of indebtedness outstanding at any time and any other notices otherwise required by law and any rights of exoneration and any equity or right of marshaling which it otherwise might have. Notice is hereby given of intent to file lien as required by State Law if payment is not made when due.

The undersigned Guarantor authorizes Bates Rents to check the personal credit of any & all Guarantors at any time deemed necessary by Bates Rents. Guarantor grants to Bates Rents full power and authority without notice to Guarantor to grant any extension or renewal of credit to the Company or to modify the terms of any agreements between the Company and Bates Rents and Guarantor shall have no rights of recourse against Bates Rents nor shall the obligations of Guarantor to Bates Rents under this Personal Guarantee be impaired or affected in any way by reason of any actions Bates Rents may or may not take. Guarantor agrees that Bates Rents shall not be required, as a condition to the enforcement of the obligations of Guarantor under this Personal Guarantee, to make any demand upon or pursue or exercise any of its rights or remedies against the Company or others. Guarantor shall have no right of subrogation with respect to the Company's liabilities to Bates Rents unless and until Bates Rents shall have received payment in full of those liabilities, and the Company shall not share liability with the Guarantor in any civil action by Bates Rents against the Guarantor.

The Undersigned the Performance of this Credit Agreement & Acknowledgement of Applicant

X

Personal Guarantee-Signature

Date

Print Name

SSN

Tates Rents Inc

Payment options

Monthly Automatic Payments

We will hold your credit card information on file. At the first of the month, we will charge the card for the previous month's invoices. We will then send you a monthly statement showing that your invoices were paid and your account is current. This will eliminate the cost of processing and mailing checks. If you would like to take advantage of this payment process, please complete the information below.

Company Name _____

Visa ☐ Mastercard ☐ Discover ☐ Amex ☐

Card Number _____ Exp Date _____ Credit Limit _____

Name on Card _____ Yes/No Do you want an emailed Confirmation?

Email Address _____

Authorized Signature

Print Name

Date

EFT/ACH Payment

We do accept Ach/Eft payments. If interested please contact us and we will supply you with account information. You can reach us at 208-338-5861

Checks

We still take the traditional check payment. You can either drop it off at any of our locations or you can mail to:

**Tates Rents Inc
1356 E Beechcraft CT
Boise, ID 83716**

Credit Card payments over the phone

We will accept payments on any account at any of our locations. Just Give us a call and will take care of you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Your Company Name Your Company Address	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Insurance Company Name Here	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. **NOTWITHSTANDING** ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			Your Policy # Here			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
<input type="checkbox"/>							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
<input checked="" type="checkbox"/>	ANY AUTO			Your Policy # Here			BODILY INJURY (Per person) \$
<input type="checkbox"/>	ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Rental/Leased/Borrowed Equipment						\$ XXX,XXX.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate must name BND Rentals, Inc. as additional insured and loss payee on rented equipment.

CERTIFICATE HOLDER**CANCELLATION**

BND Rentals, Inc. dba Vandalia Rental PO Box 160 Vandalia, OH 45377	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE