



RENTALS • SALES • SERVICE

San Diego 619.222.9337 | Orange County 714.600.3403 | Fax 619.697.6470

Credit Application

BUSINESS INFORMATION

Name of Business (d/b/a) _____

Corporate Name _____ Federal ID # _____

Corporation Partnership LLP LLC Non- Profit Sole/Individual Owned

Years in Business _____ Type of Business _____

Street Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Business Ph # _____ Accounts Payable # _____ Fax # _____

Name of A/P Contact _____ Are Purchase Order Numbers Required Yes No

NAME AND ADDRESS OF OFFICERS, OWNERS, OR OTHER RESPONSIBLE PARTIES

(1) Name _____ Title _____ SSN: _____

Address _____ City _____ State _____ Zip _____ Phone # _____

(2) Name _____ Title _____ SSN: _____

Address _____ City _____ State _____ Zip _____ Phone # _____

BANKING INFORMATION

Bank Name _____ Telephone Number _____

Account Number _____ Contact Name _____

Do you have a borrowing relationship with this bank? Yes Account Number _____ No

BONDING COMPANY

Company Name _____ Phone # _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

LIST THREE TRADE REFERENCES WITH WHOM YOU HAVE HAD CREDIT (TERMS) FOR A MINIMUM OF ONE YEAR

(1) Company Name _____ Account Number _____

Contact Name _____ Telephone # _____ Fax # _____

(2) Company Name _____ Account Number _____

Contact Name _____ Telephone # _____ Fax # _____

(3) Company Name _____ Account Number _____

Contact Name _____ Telephone # _____ Fax # _____

READ BEFORE SIGNING

Insurance: Customer shall be responsible for carrying commercial general liability including a waiver of subrogation, with limits not less than \$1,000,000 Each Occurrence and \$1,000,000 in the aggregate including products and completed operations as well as property insurance covering the equipment rented. Such coverage shall name the Company as an additional insured, covering all losses and damages. Such coverage shall be endorsed to provide coverage on a direct and primary basis over other valid and collectible insurance. Customer will provide Company with certificates of insurance evidencing the current coverage in types and amounts and from companies satisfactory to Company. These insurance requirements are intended to cover any indemnity obligations lessee may have to the Company under this contract. Customer hereby assigns to Company all proceeds from such insurance, conveys an equitable lien in said proceeds, and directs any insurer directly to pay such proceeds to Company and authorizes Company to endorse any drafts or checks for such proceeds.

MUST BE SIGNED BY AN OFFICER OR OWNER OF THE COMPANY

For the purpose of establishing credit with All Access Rentals, Inc., its subsidiaries, divisions and/or affiliates, the undersigned warrants the information listed on this application to be true, correct and complete to the best of his/her knowledge. The undersigned hereby authorizes All Access Rentals, Inc., its subsidiaries, divisions, and/or affiliates to perform any credit investigation needed to verify the information contained in this application. The undersigned hereby agrees to the terms of Net 15 days unless otherwise agreed to in writing by All Access Rentals, Inc., its subsidiaries, divisions and/or affiliates. In the event of collection and/or legal action, applicant agrees to pay all costs and attorney fees. Any balance over 30 days may be subject to a service charge of 1.5% interest per month (18% per annum). The undersigned personally will guarantee All Access Rentals, Inc. the extent of, and not exceeding at any one time, the amount due, together with interest thereon and cost of collection thereof, including reasonable attorney fee, court cost, and returned check charges.

SIGNATURE _____

DATE _____

PRINT NAME _____

TITLE _____

**Please make sure your Insurance Certificate is submitted along with the above application for credit.

S A M P L E

CERTIFICATE OF INSURANCE

Date (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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INSURED Name & Address of Rental Customer	COMPANIES AFFORDING COVERAGE
	COMPANY A Insurance Company Name
	COMPANY B Insurance Company Name
	COMPANY C Insurance Company Name
	COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS			
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> ADDITIONAL INSURED <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY	Policy Number	Effective Date	Expiration Date	GENERAL AGGREGATE	\$ 1,000,000		
					PRODUCTS-COMP/OP AGG	\$ 1,000,000		
					PERSONAL & ADV INJURY	\$ 1,000,000		
					EACH OCCURRENCE	\$ 1,000,000		
					FIRE DAMAGE (Any one fire)	\$ 100,000		
					MED EXP (Any one person)	\$ 10,000		
					COMBINED SINGLE LIMIT	\$ 1,000,000		
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Policy Number	Effective Date	Expiration Date	BODILY INJURY (Per Person)	\$		
					BODILY INJURY (Per Accident)	\$		
					PROPERTY DAMAGE	\$		
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____ <input type="checkbox"/> _____				AUTO ONLY – EA ACCIDENT	\$		
					OTHER THAN AUTO ONLY:			
					EACH ACCIDENT	\$		
					AGGREGATE	\$		
	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$1,000,000		
					AGGREGATE	\$1,000,000		
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> WAIVER OF SUBROGATION THE PROPRIETOR/ PARTNERS/EXECUTIVE <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	Policy Number	Effective Date	Expiration Date	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width: 40%; text-align: center;">OTHER</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	
					WC STATUTORY LIMITS	OTHER		
					EL EACH ACCIDENT	\$500,000		
					EL DISEASE-POLICY LIMIT	\$500,000		
EL DISEASE-EA EMPLOYEE	\$500,000							
B	OTHER RENTED EQUIPMENT	Policy Number	Effective Date	Expiration Date	Should state "Special Perils Coverage, including flood, and includes removal of the "exceeding weight of load exclusion" and Replacement Cost Value."			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 All Access Rentals, Inc. and all its related subsidiaries named as additional insured and loss payee with regard to all coverage except Workers Compensation. The coverage provided is primary over other valid and collectible coverage

CERTIFICATE HOLDER	CANCELLATION
All Access Rentals, Inc. and all subsidiaries	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE