CUSTOM TRUCK ONE SOURCE™

CREDIT APPLICATION

Sales Rep:

Company Name	
Billing Address	
Physical Address	
Phone	Fax:	Cell:	E-Mail:
DOT #	FEIN	Annual Sales:
Year Established	State	

Parent Company:

City/State/Zip:

City/State/Zip:

Business Structure:

C-Corp	S-Corp	LLC	LP	Proprietorship
☐	☐	☐	☐	☐

Relationship to Parent Company:

Subsidiary	Division	Branch
☐	☐	☐

TRADE REFERENCES

Vendor Name(s):	Email Address:	Fax Number:	Phone Number:

BANK REFERENCES

Bank Name:		Phone Number:	Fax Number:
Account Number:		Contact Name:	

Account Preferences:

Desired Account Type
(Check all that apply): Equipment Rental ☐   Parts ☐   Service ☐   Maximum Credit Desired:

Purchase Orders Required?   AP Contact Phone #:

AP Contact Name: AP Contact Email Address:

We elect to receive invoices & statements via email

Tax Exempt Status:

We hereby warrant the information listed above is true and correct, and is furnished for the purpose of obtaining credit. We grant CTOS, LLC ("Custom Truck") and its affiliates permission to investigate and verify any and all facts contained herein. In the event there is a default in payment of any invoice, we shall be charged and agree to pay Custom Truck a late charge in the amount of 1.5% per month on the unpaid balance together with all costs and expenses (including reasonable attorneys' fees, collection agency fees and disbursements) incurred by Custom Truck in connection with collecting any payments due, including, without limitation any costs and expenses incurred in any litigation commenced in connection therewith. The person executing this agreement has the authority to enter into this credit application terms and conditions.
I have read and agree to all of the terms and conditions in this Rental Out Schedule and in the Master Rental Agreement Terms and Conditions (the "Terms") found at www.customtruck.com/rental-terms"

Printed Name of Authorized Agent: Title:

Signature of Authorized Agent: Date:

FOR EQUIPMENT RENTAL PLEASE INCLUDE YOUR CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

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):
	E-MAIL ADDRESS:

	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Customer Information	INSURER A :	
	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	Y	Y				EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] POLICY [ ] PROJECT [ ] LOC							$
	AUTOMOBILE LIABILITY	Y	Y				COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
							Comp./Coll. Deductible	$ XXXX
	[X] **UMBRELLA LIAB** [X] OCCUR	Y	Y				EACH OCCURRENCE	$ 1,000,000
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [X] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y				[X] WC STATUTORY LIMITS [ ] OTHER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
	Equipment Floater						Deductible: $XXXXX	$750,000

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

CTOS Rentals, LLC and its subsidiaries and affiliates are named as additional insured, as respects to liability arising out of the activities performed by or on behalf of the named insured, where coverage shall be primary and non-contributory to any policy held by the additional insured, and includes a waiver of subrogation where allowed by state law as required by written agreement, and subject to policy terms, conditions, and exclusions.

Excess/umbrella follows form. The following coverages are underlying the umbrella coverage: auto, general liability, and employers liability

Lessor-additional insured and loss payee are included on coverage in favor of CTOS Rentals, LLC and its subsidiaries and affiliates

Auto physical damage coverage is included. The deductible that applies is $XXXXX

INCLUDE COPIES OF ALL CORRESPONDING ENDORSEMENTS

CERTIFICATE HOLDER	CANCELLATION
CTOS Rentals, LLC and its subsidiaries and affiliates 7701 Independence Ave Kansas City, MO 64125	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

ACORD 25 (2010/05)