

Date: \_\_\_\_\_

To: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

From: \_\_\_\_\_

Thank you for your interest in establishing an account with Ross Aerial Equipment.

To expedite setting up your account, please do the following:

1. Complete BOTH pages of the Credit Application
2. Have an owner or corporate officer sign the Credit Application
3. If you are submitting your own credit application, we still need you to fill out the second page of our Credit Application. Be sure to fill in your insurance information and have it signed.
4. If you do not wish to be charged Damage Waiver, have your insurance agent send us a certificate of insurance showing "Rental Coverage" and list Ross Aerial Equipment as Additional Insured and Loss Payee. See included example.
5. Fax the Credit Application to 602-453-9698 Attn: Lynne
6. Mail the original to 5825 W. Van Buren Rd., Phoenix, AZ 85043

If you have any questions, please call Lynne @ 602-386-1258

Thank you!

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)

**PRODUCER**  
 XYZ Insurance Co.  
 Address  
 Address  
 Phone: Fax

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
 Address  
 Address  
 Address  
 Phone: Fax

**INSURERS AFFORDING COVERAGE**

INSURER A: \*  
 INSURER B: \*  
 INSURER C: \*  
 INSURER D: \*  
 INSURER E: \*

**COVERAGES**

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	\$ 2,000,000.00
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 2,000,000.00
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ -
					PERSONAL & ADV INJURY	
					GENERAL AGGREGATE	
	GEN'R AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	
	POLICY/ PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS					\$ -
	SCHEDULED AUTOS					\$ -
	HIRED AUTOS					\$ -
	NON-OWNED AUTOS					\$ -
						\$ -
	GARAGE LIABILITY				AUTO ONLY EA ACCIDENT	\$ -
	ANY AUTO				OTHER THAN EA ACC	\$ -
					AUTO ONLY AGG.	\$ -
	EXCESS LIABILITY				EACH OCCURRENCE	\$ -
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE	\$ -
						\$ -
	DEDUCTIBLE					\$ -
	RETENTION \$ -					\$ -
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				LIMITS [ ] OTHERS	
	Other				EL EACH ACCIDENT	
					EL DISEASE - EA EMPLOYEE	
					EL DISEASE - POLICY LIMIT	
<input checked="" type="checkbox"/>	Leased-Rented Equipment-Special Form					

Need Policy # and Dates

**SAMPLE**

Need Policy # and Dates

**CERTIFICATE HOLDER**

**Certificate holder is added as additional insured and loss payee with respect to any leased/rented equipment**

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER | **CANCELLATION**

<p><b>Ross Aerial Equipment</b>                  5825 W. Van Buren St.                  Phoenix, AZ 85043                  P (602) 470-1000 F (602) 470-0655</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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/REPRESENTATIVES</p>
	<p>AUTHORIZED REPRESENTATIVE                  JOHN DOE</p>

**JOHN DOE**

**ROSS AERIAL EQUIPMENT L.L.C.**  
5825 W. VAN BUREN  
PHOENIX, AZ 85043  
(602) 470-1000 / FAX (602) 470-0655  
Accounting FAX (602) 453-9698

**ACCOUNT INFORMATION SHEET / APPLICATION FOR CREDIT**

**Company/Business**

Name \_\_\_\_\_  
 DBA \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Years at this address \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Business Information:**

Type of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ L.L.C. \_\_\_\_\_  
 Have you ever filed for bankruptcy \_\_\_\_\_ If yes, when \_\_\_\_\_  
 Have you ever been in business under a different name \_\_\_\_\_ If yes, what \_\_\_\_\_  
 Contractors License Number \_\_\_\_\_ Fed ID Number \_\_\_\_\_ Resale Number \_\_\_\_\_  
 Trade \_\_\_\_\_ Are Purchase Orders required \_\_\_\_\_  
 Name of Accounts Payable Person \_\_\_\_\_ Phone number \_\_\_\_\_

**Owners and/or Officers: Corporate accounts require names of President, Vice-President and Corporate Secretary**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_

**Banks**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Number of years with this bank \_\_\_\_\_ Bank officer or Department \_\_\_\_\_

**Suppliers – Required when applying for a credit account**

Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
 Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
 Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_  
 Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

**TO EXPEDITE THE PROCESSING OF THIS CREDIT APPLICATION PLEASE INCLUDE FAX NUMBERS**

- Signatures required on back side \*

## INSURANCE COVERAGE ON LEASED/RENTED EQUIPMENT

All customers renting equipment are required to have damage and theft insurance coverage for leased/rented equipment **prior** to the delivery of any/all rental equipment orders. If you do not provide a certificate of insurance to be placed on file with Ross Aerial Equipment you must pay a 16% damage waiver charge. **PLEASE NOTE: Damage Waiver is not insurance coverage!!!!**

### PLEASE READ:

The Damage Waiver fee is an administrative fee and provides extremely limited protection - Please note the exceptions/exclusions as listed below:

(A) Loss or damage resulting from overloading or exceeding the rated capacity of equipment. (B) Damage to tires or tubes caused by blowouts, cuts, road hazards, or other causes inherent in the use of equipment. (C) Loss or damage resulting from lack of lubrication or other normal servicing of equipment. (D) Loss due to mysterious disappearance, or shortage discovered on inventory. (E) Loss or damage caused by infidelity or dishonesty of customer, his employees, or persons to whom the equipment is entrusted. (F) Use of the equipment in violation of any of the terms of this agreement or the rental contract agreement. (G) Failure to file police report. (H) Loss or damage caused by abuse or negligence. (I) Failure to keep equipment locked or guarded when not in use. (J) All loss or damage associated with the Equipment's rollover or upset. (K) All loss or damage to batteries, due to lack of, or neglect of, maintenance or from explosion due to welding on or near Equipment. (L) Use or operation of the Equipment by a person other than an Authorized Operator as defined herein. (M) Damages caused by or to third parties arising from accidental causes or for damages caused during unauthorized use of Equipment.

**The Damage Waiver Fee will be charged on all contracts unless a certificate of insurance with all coverage requirements is provided. If a certificate of insurance is not on file at the time of rental, the Damage Waiver fee will be charged on all contracts until the certificate is received at our office.**

We require that a certificate of insurance be given to us specifying coverage for "leased/rented equipment" and *Ross Aerial Equipment* is named as "Loss Payee and Additional Insured with respects to all leased/rented equipment." The required coverage amount is **\$100,000.00 per item**-Any amount less than the required \$100,000.00 per item MUST be approved in writing by our office-Approval is based on the value and type of equipment rented. We reserve the right to change the Damage Waiver percentage fee or insurance coverage requirements at any time.

### PLEASE CHECK BELOW:

I certify that I have insurance to cover leased/rented equipment and will promptly contact my insurance company to forward a certificate of insurance with required coverage to your office. I understand that I am responsible for any loss or damage resulting to Ross Aerial Equipment's equipment. I also understand that any losses to the equipment are based on actual market value of the equipment at the time of the loss and that I am responsible for any difference between the market value and the amount that my insurance company offers to settle for. I agree to make settlement to Ross Aerial Equipment under their normal terms regardless of the settlement time by my insurance company.

INSURANCE CARRIER (SPECIFY)

AGENT \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POLICY NO. \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

I do not have insurance coverage that includes the required coverage on leased/rented equipment and acknowledge I will be charged the 16% Damage Waiver fee. I further understand that the Damage Waiver Fee is not insurance and that I will be held responsible and liable for all damages, loss or theft of said rental equipment and any/all property damage or any/all injury to persons. I also understand that any losses to the equipment are based on actual market value of the equipment at the time of the loss and I will be billed accordingly for all charges due.

## STATEMENT OF CREDIT POLICY AND AGREEMENT TO PAY -Required for credit account

Our terms are **NET 30**, balances unpaid 31 days from date of invoice are subject to a finance charge of 1 1/2% per month or the maximum allowed by law. There will be a \$25.00 charge for NSF checks. Accounts not paid within 60 days are subject to legal action necessary for collection. Costs and expenses incidental to collection, including attorneys' fees, which are 33 1/3% of unpaid balance, are the responsibility of the firm or individual signing this credit application. Any account with a delinquent balance may be placed on C.O.D. and we may take possession of our equipment without notice. We do exercise our right to file preliminary lien notices (Title 33 Chapter 7 Article 6 Arizona Revised Statutes) and mechanics' liens. This is a company policy and is not a reflection of a customer's credit standing. The right to accept or refuse credit is reserved by our company. Information included herein is true and accurate. I have read and understand the terms of this application and hereby agree to them. I further authorize release of information by any bank or credit reference.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PERSONAL GUARANTY

I (We) hereby personally guarantee "seller" the prompt payment, when due, of every claim of "seller" which are or may hereafter arise against "applicant/buyer." This is a continuing guarantee and shall remain in force until revoked by "buyer in writing sent by certified mail to "seller", but such revocation shall be effective only as to claims of "seller" which arise out of transactions entered into after the receipt of such notice by "seller." I (We) agree to all terms of the "credit agreement" both individually and on behalf of applicant/buyer.

\_\_\_\_\_  
(Signature - Husband)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature - Wife)

\_\_\_\_\_  
Date

Sales Code \_\_\_\_\_

For Office Use Only

Approved \_\_\_\_\_

Credit Limit \_\_\_\_\_