



CREDIT APPLICATION REQUEST

**RENTALS • SALES
SERVICE • PARTS
TRANSPORTATION**

CUSTOMER:	DATE:
FAX# or E-MAIL:	TOTAL # OF PAGES:

☺ **Attention:** Credit Department,

Please complete the following Customer Credit Application and fax or e-mail back the completed packet and required forms at your earliest convenience to **(209) 229-7446** or **antonia@ddlift.com**.

Our rental agreement requires that you carry specific insurance coverages, evidenced by a Certificate of Insurance. Please be sure that the insurance requirements outlined in the rental agreement are met as indicated below:

- A. General Liability- \$1,000,000 Each Occurrence. The policy form must be a Commercial General Liability policy. Coverage must include an Additional Insured Endorsement (form CG 20 28) which names *D & D Lift, Inc.* as Additional Insureds. The endorsement must be attached to the Certificate of Insurance.
- B. Automobile Liability- \$1,000,000 Combined Single Limit. Coverage must be included for all owned and non-owned automobiles;
- C. Workers' Compensation & Employer's Liability- Employers Liability limit must be \$1,000,000;
- D. Equipment Insurance- Evidence of equipment coverage in an amount NOT LESS than the full replacement value of the equipment rented. *D & D Lift, Inc.* must be included as Loss Payee with regard to any equipment damage.
- E. All Certificates must provide (30) thirty days prior written notice of cancellation. The words "endeavor to"and "but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives" should be XXXX out or stricken from the certificate.

In compliance with sales and use tax laws, it is necessary that we have a signed California Resale Certificate and a copy of your active Seller's Permit on file. Failure to do so would result to sales tax charges on your future orders.

Please be sure that the Certificate of Insurance is sent to our office within (5) five days.

Thank you for your time and have a great day!

Antonia Pellegri
Credit Department



CUSTOMER CREDIT APPLICATION

**RENTALS • SALES
SERVICE • PARTS
TRANSPORTATION**

Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			D&D Sales Rep:
Address:			
Phone:	Fax:	E-mail:	

Company Information

Type of Business:	In Business Since:		
Federal Tax ID #:	Sales Tax Exempt #:		
Billing Requirements: Job Name/ Number Required <input type="checkbox"/> PO # Required <input type="checkbox"/> Work Order Signature Required <input type="checkbox"/> Other _____ <input type="checkbox"/>			
Legal Form Under Which Business Operates: Government <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal:	Title:	SSN:	
Address:	Phone:	Fax:	E-mail:
Name of Company Principal:	Title:	SSN:	
Address:	Phone:	Fax:	E-mail:

Bank/ Insurance Bonding References

Bank Institution:	Bank Institution:	Insurance Company:
Contact Name:	Contact Name:	Contact Name:
Checking Account #:	Savings Account #:	Policy Number(s):
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

Trade References

Company Name:	Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Email:	E-mail:	E-mail:	E-mail:
Fax:	Fax:	Fax:	Fax:
Account #:	Account #:	Account #:	Account #:



OPEN ACCOUNT CREDIT TERMS

**RENTALS • SALES
SERVICE • PARTS
TRANSPORTATION**

1. This is an application to open an account for forklift sales, service, rentals and parts.
2. Invoice terms are Net 20; due and payable within 20 days of the invoice date, except as otherwise shown on the face of the invoice (i.e. Credit Card, Cash, 2% Net 15).
3. In the event that your account is over 45 days past its due date, your account will be subject to credit hold and will remain on hold until the past due balance is paid.
4. Upon receipt of any returned check(s), a service charge of \$25.00 per check will be charged to your account regardless of the amount of check or reason it was returned.
5. It is agreed that any account with a delinquent balance may be charged finance charges up to the maximum permitted by law in the state where the contract is signed and that any delinquent account is subject to being placed on a cash basis.
D & D Lift, Inc. reserves the right to pick up their equipment at any time, without notice, if an account is in a delinquent status.
6. In the event that your account is turned over to an attorney or any other agency for collections, applicant shall pay all reasonable fees incurred by **D & D Lift, Inc.** for such collections.
7. It is agreed that no goods may be returned without written consent. All claims for shortages or errors must be made on receipt of goods. All special ordered items are subject to a 15% re-stocking fee.

THE UNDERSIGNED warrants that all information on this Credit Application is true and correct, has read and hereby accepts and shall be bound by ALL of the open credit terms and conditions as set forth in each contract. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, the undersigned hereby authorizes the financial institutions listed in this credit application to release necessary information to **D & D Lift, Inc.** for which credit is being applied for in order to verify the information contained herein. The undersigned hereby unconditionally guarantees(s) the full prompt payment to **D & D Lift, Inc.** when due, all obligations and liabilities of the customer named herein, including all amounts now owing and arising in the future.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE: _____

Sample Certificate of Insurance

ACORD <small>PRODUCER</small>		CERTIFICATE OF LIABILITY INSURANCE			<small>Date (mm/dd/yy)</small> 08/01/00																								
Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		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.																											
Phone No. 800-999-5368 NSURED XYZ Renter 123 Main Street San Francisco CA 45678		COMPANIES AFFORDING COVERAGE																											
		COMPANY A	Selective Insurance Company																										
		COMPANY B	Indemnity Insurance Company																										
		COMPANY C	State Compensation Fund																										
		COMPANY D	ABC Equipment Insurance Company																										
COVERAGES																													
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICTED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE 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.																													
				<i>Current dates are required</i>																									
	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS																								
Claims Made or Modified Occurrence form is not acceptable	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS	123456789	08/01/10	08/01/11	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMANGE (Any one fire) \$ 50,000 MED EXP (Any One Person) \$ 5,000																								
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS	123456789	08/01/10	08/01/11	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ 1,000,000 BODILY INJURY (Per Accident) \$ 1,000,000 PROPERTY DAMAGE (Per Accident) \$ 1,000,000																								
	<input type="checkbox"/> GARAGE LIABILITY				AUTO ONLY -EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE EACH OCCURRENCE 1,000,000																								
	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	456789123	08/01/10	08/01/11	UMBRELLA policy limits may be used to bring General Liability & Auto Liability limits up to the required \$1,000,000 minimum limit.																								
	<input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	345678912	08/01/10	08/01/11	<table border="1" style="width: 100%; font-size: x-small;"> <tr> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td style="width: 15%;">WC STATUTORY LIMITS</td> <td style="width: 15%;"></td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">OTHER</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="5">EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="5">EL DISEASE-POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="5">EL DISEASE-EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS		<input type="checkbox"/>	OTHER		EACH OCCURRENCE					\$ 1,000,000	EL DISEASE-POLICY LIMIT					\$ 1,000,000	EL DISEASE-EA EMPLOYEE					\$ 1,000,000
	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS		<input type="checkbox"/>	OTHER																								
	EACH OCCURRENCE					\$ 1,000,000																							
	EL DISEASE-POLICY LIMIT					\$ 1,000,000																							
	EL DISEASE-EA EMPLOYEE					\$ 1,000,000																							
	<input type="checkbox"/> EQUIPMENT FLOATER	49039021	08/01/10	08/01/11	LIMIT PER ITEM DEDUCTIBLE																								
DESCRIPTION: <i>This section should reference the Rental Agreement & Item(s) rented</i> RE: _____ Show equipment rented, or "All equipment rented from the Certificate holder". Certificate Holder is an Additional Insured for General Liability coverage and Loss Payee for Equipment coverage per endorsements attached.																													
CERTIFICATE HOLDER			CANCELLATION																										
D & D Lift, Inc. 3820 Rhonda Way Tracy, CA 95304			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.																										
			AUTHORIZED REPRESENTATIVE _____																										
ACORD 25-S (1/95)			ACORD CORPORATION 1998																										

Name of Customer (it should match the name as written in the Rental Agreement)

Claims Made or Modified Occurrence form is not acceptable

This should name your company with full address

Signed by the Broker or Insurance Company only

This wording should be "X"d out

California Resale Certificate

I HEREBY CERTIFY:

1. I hold valid seller's permit number: _____

2. I am engaged in the business of selling the following type of tangible personal property:

3. This certificate is for the purchase from _____ of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

For Your Information: A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE



PRINTED NAME OF PERSON SIGNING

TITLE

ADDRESS OF PURCHASER

TELEPHONE NUMBER

()

DATE



CREDIT CARD CHARGE AUTHORIZATION

**RENTALS • SALES
SERVICE • PARTS
TRANSPORTATION**

CUSTOMER INFORMATION (Please Print):	
Customer's Legal Name:	Contact Person:
Customer's DBA Name (if applicable):	Phone:
Address:	Fax:
City: State: Zip:	Email:
CREDIT CARD INFORMATION (Please Print):	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Card Number: _____ Expiration Date: _____ CVV Code: _____	
CREDIT CARD BILLING INFORMATION (Required if different from Customer Information). Please Print:	
Cardholder's Name:	Phone:
Cardholder's Address:	Fax:
	Email:
City: State: Zip:	Invoice(s) to be paid: Total:
<u>Copy of Credit Card</u>	<u>Copy of Driver's License or State-Issued Identification</u> (If unavailable, Driver's License or I.D. Number)

I the undersigned, hereby authorize D & D Lift, Inc. ("D&D") to initiate (check all that apply):

(a) _____ a one-time charge of \$ _____

(b) _____ automated charges of the above identified credit card up to 150% of the new retail value of the "Rented Item(s)" identified in each "Rental Contract" (as identified below).

To the maximum extent permitted under applicable law, D&D shall have the right to bill to such credit card all charges, known or unknown, accrued or unaccrued (including without limitation, all rent, overtime, and charges for delivery, installation, maintenance, repair, replacement, removal, retrieval, cleaning, packing, collection, taxes, fines, fees, assessments, attorneys' fees, collection fees and costs of court) now existing or hereafter arising from or in connection with any and all rentals of personal property from D&D to myself and/or the above identified Customer (each, a "Rental") up to an amount equal to 150% of the new retail price of each such rented item (the "Authorized Amount"). I acknowledge that: (a) each such Rental will be subject to the terms of the Rental Contract I have executed with D&D, a copy of which Rental Contract I have received and carefully reviewed (each, a "Rental Contract"); (b) I have received written notice of the new retail price of each and every Rented Item referenced therein. Accordingly, I irrevocably and unconditionally waive any and all claims, setoffs, chargebacks and counterclaims with respect to such charges.

Accordingly, to the maximum extent permitted under applicable law, I the undersigned, hereby: (a) authorize D&D to: (i) retain a complete copy of my credit card and all information included thereon until this Authorization is revoked or terminated as provided below; (ii) submit for payment on each credit card I provide all of the above referenced charges (including the Authorized Amount), without additional signature or authorization by me; (b) irrevocably and unconditionally make, constitute and appoint D&D as my attorney-in-fact for the purpose of executing and delivering, in my name, place and stead, any and all authorizations that may hereafter be required by any third party(ies), including credit card issuers, in order to give full effect to this Authorization (such power being durable, coupled with an interest, and not affected by my disability); and (c) release, and agree to indemnify, defend and hold harmless D&D, its agents and employees, from and against any and all liabilities, claims, damages, losses, costs and expenses (including attorneys' fees) arising from or in connection with the foregoing and/or any declination or reversal of any such charge(s).

This authority will remain in effect until the last to terminate of all current or future Rentals, and thereafter until D&D has received written notice of the undersigned's revocation or termination hereof, at such time and in such manner as to afford D&D a reasonable opportunity to act upon such notice. I, the undersigned, hereby: (a) agree to take such actions as may hereafter be necessary or appropriate in order to give full effect to the terms of this Authorization, and (b) **PERSONALLY GUARANTEE** the prompt payment and performance of all obligations now or at any time hereafter owing to D&D under or in connection with this Authorization and/or each Rental Contract.

_____ Date

_____ Authorized Signature