

FOR OFFICE USE ONLY		
CUSTOMER #:		
TERRITORY #:		
CODE:		
CREDIT LIMIT: \$		

## **CREDIT APPLICATION**

COMPANY NAME:		
ADDRESS:		
CITY OR TOWN:	POSTAL CODE:	
NAME(S) OF OWNER(S):	TELEPHONE:	
NAME OF PURCHASER:	FAX:	
NAME OF CONTROLLER:	TOLL FREE:	
TYPE OF BUSINESS:		
HOW LONG IN BUSINESS:	MONTHLY PURCHASES: \$	
PROVINCIAL SALES TAX:	MONTHLY STATEMENT:	YES / NO
BANKING INFORMATION:		
ADDRESS:		
TRADE REFERENCES:	FAX:	
	FAX:	
	FAX:	
SALESMAN'S COMMENTS:		
	SIGNATURE:	
ALL TRADE RENTALS INC. TERMS AND CONDITION  Our terms are 2% 15th, Net 30th. Accounts which are  No goods may be returned without a Return Goods  Any errors or omissions on the invoice should be adv	NS re outside of these parameters will be placed on Credit Ho Authorization.	ld.
I HERBY ACCEPT THE ABOVE TERMS AND CONDIT	TIONS OF CREDIT	
NAME OF COMPANY OFFICIAL:	TITLE:	
SIGNATURE:	DATE:	



## PLEASE FORWARD TO YOUR INSURANCE PROVIDER

## REQUEST FOR INSURANCE CERTIFICATE

Dear Valued Customer,

Your certificate can be emailed to info@alltraderentals.com

<u>Prior to release of our equipment and/or tools</u>, and for our files, we require your current Certificate of Insurance which meets the following criteria:

- 1 A valid Certificate of Insurance, naming "All Trade Rentals Inc." as the certificate holder.
- **2** General Liability of no less than one million dollars, inclusive for bodily injury and property damage, per occurrence.
- **3** Appropriated coverage for "Rented Equipment" for the equipment we supply to the customer.

If you have any questions or concerns, please contact our office at the below phone number. We thank you for your prompt attention in this matter and for your cooperation.