



Corporate: 1028 Skipper Rd, Tampa, FL 33613. Ph:813.971.9990 Fx: 813.971.3940

APPLICATION FOR CREDIT AND CHARGE AGREEMENT

Applicant's Name: _____ Date: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Fax: _____ Cell: _____

Billing Address: _____

SSN: _____ Tax ID #: _____

☐ Corporation

What State? _____

Date of Inc. _____

☐ Partnership

☐ Individual

List name of all officers, owners, and/or partners:

1. _____

2. _____

3. _____

Sales Tax Status: ☐ Taxable ☐ Exempt from tax: Sales tax registration number: _____

Purchase Order Requirements: _____

Purchasing Agent: _____ Name of Account Payable Officer: _____

A/R Email Address for Invoicing: _____

CREDIT REFERENCES

Names:

Address:

City, State, Zip:

Phone Number:

Fax Number:

1. _____

2. _____

3. _____

Principal Bank Name: _____

Address: _____

Phone Number: _____ Account Number(s): _____

Name of Bank Contact: _____ Type of Account(s): _____

Applicant's Insurance Agent: _____ Phone: _____

Address: _____

Financial Statement: ☐ Attached ☐ Not Attached

Damage Waiver: ☐ Accepted ☐ Declined ☐ Insurance Certificate Received

Approved by: _____ Date: _____

Credit Limit: _____ NTO: _____ Salesman: _____

TERMS AND CONDITIONS

1. The Applicant is submitting this application for the purpose set forth herein, including obtaining credit, and warrants that all representations, information and financial statements made, given or submitted in or with this application are accurate, complete and truthful. Any financial statement submitted by Applicant to Rentalex shall be incorporated herein and made part of this application. If Applicant is a corporation or partnership, the undersigned hereby states and warrants that he or she is authorized to make application on behalf of said corporation or partnership and to obligate the same pursuant to the terms of this application and for all credit extended by Rentalex thereto as a result of this application. Applicant hereby agrees to notify Rentalex in writing of any changes of ownership or form of Applicant's business, which notice must be given within seven (7) working days after any such change.
2. Applicant hereby irrevocably authorizes all trade references and bank references to disclose any and all credit or bank information to Rentalex upon demand, and that all trade references and bank references may rely on a copy of this Agreement for said authorization.
3. Applicant agrees that all accounts of sums now or hereafter owned to Rentalex are due on the date billed, and shall be paid no later than 10 days thereafter. If any such account or sums are not paid within 30 days of the due date, applicant agrees to pay finance charges of 1.5% per month (ANNUAL PERCENTAGE RATE OF 18%) on the outstanding amount from and after the due date. Any account past due 45 days may be placed on a cash only basis until the account is brought current. The terms and conditions of this application apply to all transactions between Rentalex and the Applicant, with or without credit.
4. Applicant hereby agrees to pay Rentalex, upon demand, any and all costs, including reasonable attorneys fees, incurred or suffered by Rentalex (whether by suit or otherwise) in collecting, enforcing, or compromising any obligation of indebtedness of Applicant to Rentalex, whether arising out of this application or otherwise, including any and all mediations, arbitrations, supplementary proceedings and bankruptcy proceedings. Applicant waives its venue privilege and agrees that exclusive venue for any action or proceedings between Rentalex and applicant shall be in Hillsborough County, Florida. Rentalex reserves the right to deny credit to any applicant.
5. **RENTALEX. MAKES NO EXPRESS OR IMPLIED WARRANTIES WHATSOEVER AS TO ANY EQUIPMENT AND/OR PROPERTY NOW OR HEREFTER SOLD OR RENTED TO APPLICANT. RENT ALEX. DISCLAIMS AND EXCLUDES ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND/OR FITNESS FOR A PARTICULAR PURPOSE AS TO ALL SUCH EQUIPMENT AND PROPERTY.** APPLICANT EXPRESSLY AGREES THAT APPLICANT'S SOLE AND EXCLUSIVE REMEDY UNDER THIS AGREEMENT, AND/OR FOR ANY LOSSES OR DAMAGES ARISING FROM THE RENTAL, PURCHASE OR USE OF ANY EQUIPMENT OR PROPERTY SHALL BE REPAIRED OR REPLACED OF SUCH EQUIPMENT OR PROPERTY. Applicant agrees that Rentalex shall not be liable for any direct, indirect, consequential, special or incidental damages (including, without limitation, loss of use, business interruption, loss profits, or cost of replacement equipment) to persons, property and/or the Applicant arising in any way from the sale, rental or use of any equipment or property which is rented or sold to applicant.
6. In the event that any provision or term of this agreement is determined to be unenforceable then all of the terms and provisions of this agreement shall remain in full force and effect notwithstanding that term of provision.

Signed: _____ Title: _____ Date: _____

GUARANTEE

For and in consideration of the extension of credit to the above Applicant by Rentalex, \$10.00 and other good and valuable consideration the receipt and sufficiency of all which is hereby acknowledged, the undersigned jointly and severally hereby absolutely, continually and unconditionally Guarantee the due and punctual payment and performance of any and all past, present and future obligations and indebtedness of Applicant to Rentalex. This guarantee shall continue until receipt by Rentalex or written notice from the undersigned revoking the Guarantee. Any such revocation shall only apply to indebtedness and/or obligations incurred subsequent to receipt of said notice. The undersigned jointly and severally hereby agree to pay Rentalex, upon demand, any and all cost, including reasonable attorney fees, incurred or suffered by Rentalex. (Whether by suit or otherwise) in collecting, enforcing, or compromising any obligations or indebtedness of Applicant to Rentalex and/or his Guarantee including any and all mediations arbitrations, supplementary proceedings and bankruptcy proceedings. The undersigned hereby expressly waive all notices required by law. The undersigned hereby agree that Rentalex may without notice to or consent of the undersigned deal in all respects with the Applicant as if this Guarantee were not in effect.

Individually Sign

Print Name: _____

Date: _____

Individually Sign

Print Name: _____

Date: _____



1022-1028 Skipper Rd
Tampa, FL 33613
Phone: (813) 971-9990
Fax: (813) 971-3940

11031 Sate Road 52
Hudson, FL 34669
Phone: (727) 819-0606
Fax: (727) 379-9640

Division of Sonco Corporation

DAMAGE WAIVER PROTECTION

I / We have been provided a copy of Rentalex Damage Waiver Policy and hereby ACCEPT Damage Waiver Protection as per your Damage Waiver Policy. It is understood that the cost is 14% of the total rental rate and Damage Waiver Protection does not cover theft of equipment.

As of August 1, 1997, the Rentalex Damage Waiver Policy is hereby amended to include a \$1,000.00 deductible on equipment rented. All equipment with a retail value of \$5,000.00 or more is subject to a \$1,000.00 Deductible. Additional exclusion-see reverse side of Rental Agreement. By his/her initials hereon or by separated written confirmation, lessee agrees to pay additional daily as set forth above or, if not set forth, then as posted in lessor's office; and in return therefore, lessor agrees to waive certain claims for damage to the Equipment as specified herein and on the reverse side of Rental Agreement. Lessee to pay 20% of all damages to the Equipment. Damage Waiver does not cover the following: (1) Damage due to renter's neglect, misuse or abuse of equipment. (2) Flat tires or other tire damage. (3) Mysterious disappearance of the equipment. (4) Theft of equipment. Lessee agrees to pay lessor the retail value of lost or stolen equipment.

Company Name: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____

<OR>

I / We have been provided a copy of Rentalex Damage Waiver Policy and hereby DECLINE Damage Waiver Protection as per your Damage Waiver Policy.

A Certificate of Insurance stating coverage for leased or rented equipment is attached naming RENTALEX as loss payee. Certificate must state, **"Rentalex is hereby agreed and understood to be added as an additional insured/loss payee with respects to Leased/Rented Equipment."** Rentalex is hereby agreed and understood to be added as an additional insured/loss payee with respect to liability insurance in the amount of \$1,000,000. In addition, MINIMUM Coverage is to be no less than \$75,000. Covering theft or damage to leased or rented equipment.

Company Name: _____

Signature: _____

Print Name: _____

Title: _____ Date: _____



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Division of Sonco Corporation

Date: _____

Re: Credit Application/Certificate of Insurance

Whether you are accepting or declining our damage waiver protection, please return waiver form signed. If you are declining, please send a correct Certificate of Insurance. Please note that **We Require the Certificate of Insurance to state the following:**

"Rentalex is hereby agreed and understood to be added as an additional insured/loss payee with respects to LEASED/RENTED equipment"

In addition, MINIMUM Coverage is to be no less than \$75,000.00 covering theft or damage to leased or rented equipment.

Feel free to give my number to your insurance agent if you are unsure of how the certificate must read.

Please call the credit department at (813) 971-9990, or fax request information to (813) 971-3940.

Your prompt attention in providing this information will insure that your account is open promptly.

Sincerely,

Robert W. Krueger
Vice President/Sales
Rentalex®
Bob@rentalex.com



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ADDENDUM TO CREDIT AGREEMENT

APPLICANT/CUSTOMER:

THE APPLICANT/CUSTOMER NAMED ABOVE, _____ AGREES TO RENTALEX TERMS OF NET 10 DAYS ON ALL INVOICES. IF PAID AFTER 30 DAYS FROM DATE OF INVOICE, CUSTOMER AGREES TO PAY A SERVICE CHARGE OF 1 ½% PER MONTH ON ANY UNPAID BALANCE.

SIGNATURE

DATE

PRINT NAME



PARAPAI-02

BJONES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2020

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 have ADDITIONAL INSURED provisions or 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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			20126478	9/15/2019	9/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine			20126478	9/15/2019	9/15/2020	Rented/Leased Equip 75,000

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

Rentalex is hereby agreed and understood to be added as an additional insured/loss payee with respects to General Liability and Leased / Rented Equipment.

CERTIFICATE HOLDER

CANCELLATION

Rentalex
1022-1028 Skipper Road
Tampa, FL 33613

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