



Certified Equipment Sales Services and Rental Ltd.

2 ROYALCREST ROAD, ETOBICOKE, ON M9V 2L5

PHONE: 416-747-7878 FAX: 416-747-8199

CLIENT CREDIT APPLICATION & AGREEMENT FORM

Legal Name of Business, Applicant or Company		Trade Name (if different)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Date registered or incorporated	PO REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Proprietorship			
Business Address	City/Town	Province/State	Postal Code
			Rent <input type="checkbox"/> Own <input type="checkbox"/>
Business Phone:	Fax Number:	E-Mail:	Web Site Address:
# of Locations or Branches	# of Employees	Nature of Business	Annual Sales

PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS

Name of President if Incorporated			
FULL NAME of Principal Owner/Officer/Director of Business			
Drivers Licence Number of Principal Owner/Officer/Director of Business (MUST BE FILLED IN)			
Residential Address	City/Town	Province/State	Postal Code
Home Telephone:	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Former Address:	

ACCOUNTS PAYABLE CONTACT INFORMATION

Accounts Payable Contact Name	Telephone Number	Fax Number	E-mail:
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YOUR COMPANY BANKING INFORMATION

Bank:	Full Address		
Account Number (mandatory)	Account Managers Name	Telephone Number	Years at Bank

YOUR SUPPLIERS

Name & Address	Name & Address	Name & Address
Name of Contact	Name of Contact	Name of Contact
Telephone Number	Telephone Number	Telephone Number

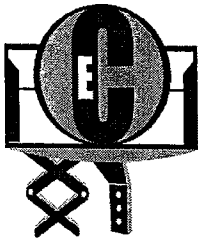
PLEASE PRINT CLEARLY AND FILL IN THE FORM COMPLETELY - FAX IT BACK TO 416-747-8199

- BY SIGNING BELOW I AUTHORIZE CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., AND OR ITS AGENTS, TO CONTACT ANY REFERENCES GIVEN, INCLUDING BANKS, TO RELEASE AND EXCHANGE SUCH CREDIT, BANKING AND FINANCIAL INFORMATION AS MAY BE NECESSARY TO DETERMINE CREDIT STANDING. I ALSO GRANT PERMISSION TO THE TRADE AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., OR THEIR AGENTS, IN THE COURSE OF REGULAR CREDIT INVESTIGATIONS. AS THE PRINCIPAL, OWNER, OPERATOR REFERRED TO HEREIN I TAKE NOTICE THAT REPORTS WILL BE SOUGHT CONTAINING PERSONAL INFORMATION FROM OTHER BUSINESS RELATED PARTIES, AGENTS AND CONSUMER REPORTING AGENCIES. AS THE UNDERSIGNED I HEREBY AGREE THAT SUBSEQUENT CREDIT INFORMATION MAY BE OBTAINED THROUGHOUT THE DURATION OF THE BUSINESS RELATIONSHIP AND CONSENT TO THE RELEASE OF SAID INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. **I ALSO CERTIFY THAT I AM AUTHORIZED TO BIND THE COMPANY AND AGREE TO PAY INVOICES IN FULL 30 DAYS FROM DATE OF INVOICE OR INTEREST UPON DEFAULT OF 1 1/2% ON TOTAL OUTSTANDING BEYOND THESE TERMS**
- IN CONSIDERATION OF RENTING EQUIPMENT FROM CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., THE UNDERSIGNED HEREBY JOINTLY AND SEVERALLY GUARANTEES PAYMENT TO CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., AND FURTHER AGREES THAT CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., SHALL NOT BE BOUND TO EXHAUST ITS RECOURSE AGAINST THE APPLICANT BEFORE ENFORCING ITS RIGHTS AGAINST THE NAMED AUTHORIZED UNDERSIGNED

Signature	Clearly Print Individual Name Signed Guarantee
I PERSONALLY GUARANTEE THE DEBTS AND OBLIGATION OF THE APPLICANT HEREUNDER	

I HAVE READ UNDERSTAND AND AGREE TO **ALL** (points 1 & 2) OF THE TERMS & CONDITIONS AS STIPULATED. I ALSO UNDERSTAND THAT CERTIFIED EQUIPMENT SALES SERVICES AND RENTAL LTD., CAN CHANGE ITS POLICY AND CAN CANCEL CREDIT PRIVELEGES WITHOUT NOTICE

Authorized Signature of Principal Owner/Officer/Director of Business (agreeing to points 1 & 2 above)	Date Signed:
Clearly Print Name of Person who Signed this Application	Title/Position



Certified Equipment
2 Royalcrest Road
Etobicoke, Ontario
M9V 2L5
TEL: 416-747-7878
FAX: 416-747-8199

Your insurance information for rental of equipment is also required. Please submit an up to date Insurance Certificate with your credit application in order for us to secure liabilities are adequately covered and for record purposes. The following insured endorsements are to be clearly stated.

- 1) **General Liability:** The minimum acceptable coverage is \$1,000,000.00, inclusive per occurrence for bodily injury and property damage, (see attached sample number 1),
- 2) **Excess Liability Rentals All-Risk Physical Damage or Umbrella:** Each piece of equipment is to be covered to its full purchase value (example four (4) pieces of equipment on rent with us at a value of \$50,000.00 each (4 X \$50,000.00 = \$200,000.00 coverage)) with a deductible not to exceed 1%, (see attached number 2),
- 3) **Additional Names Insured and Loss Payee:** That Certified Equipment Sales Services and Rental Ltd. be clearly identified as an adjunct to the policy as an **ADDITIONAL INSURED AND LOSS PAYEE**. The aforementioned relating to and arising from the named insured's operation of the machinery supplied by us. (see attached number 3)

CANCELLATION OF POLICY: Should for any reason the policy as herein mentioned be cancelled before the expiration date thereof, Certified Equipment Sales Services and Rental Ltd., must receive written confirmation of cancellation within 30 (thirty) days before such cancellation. Failure to mail such notice shall impose full obligation and liability of any kind upon the named insured, its agents and/or representatives. (see attached number 4)

EXPIRATION OF POLICY: Certified Equipment Sales Services and Rental Ltd., must receive written confirmation of expiration of policy 30 (thirty) days before said expiration. Failure to mail a true and valid copy of renewed insurance shall impose full obligation and liability of any kind upon the named insured, its agents and/or representatives. (see attached number 4)

Please have the full and complete Certificate of Insurance faxed to 416-747-8199 attention Nancy.

Take note that documents not received or received incomplete will delay Certified Equipment Sales Services and Rental Ltd., ability to provide equipment.

We await your furtherance.

CERTIFICATE OF INSURANCE

DATE (Y/M/D)

INSURANT

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.

COMPANIES AFFORDING COVERAGE

- COMPANY
A
- COMPANY
B
- COMPANY
C
- COMPANY
D

INSURANT CLIENT ID

INSURANT'S FULL NAME AND BIRTH/ISS ADDRESS

COVERAGES

This is to certify that the policies of insurance listed below have been issued under the conditions set forth in the policy or policies, and that the policy or policies are in full force and effect as of the date hereon, and that the contract or contracts are not subject to any conditions or exclusions that would affect the coverage provided by the policies described herein, and that the limits, sublimits and conditions of each policy.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

1. This box to show a minimum of \$1000,000.00

TYPE OF INSURANCE	CO	POLICY NUMBER	POLICY EFFECTIVE DATE (Y/M/D)	POLICY EXPIRATION DATE (Y/M/D)	LIMITS OF LIABILITY (CLASSIFY AREA IN LINE FOR THE LIMITS SHOWN)
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> ACCIDENTS <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> BODILY INJURY LIABILITY <input type="checkbox"/> COMPLETION LIABILITY <input type="checkbox"/> TENANT'S EQUIPMENT LIABILITY <input type="checkbox"/> POLLUTANT <input type="checkbox"/> PROFESSIONAL LIABILITY SERVICES					BODILY INJURY/PROPERTY DAMAGE COMMERCIAL ADVERTISING PRODUCTS - COMPLETED OPERATIONS PROFESSIONAL SERVICES TENANT'S EQUIPMENT LIABILITY POLLUTANT (any law permits) NON-OWNED AUTO OPERATIONAL POLLUTION LIABILITY (any law permits) Other (describe)
AUTOMOBILE LIABILITY <input type="checkbox"/> OPERABLE AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES					BODILY INJURY/PROPERTY DAMAGE - OPERABLE BODILY INJURY/PROPERTY DAMAGE - ALL OWNED BODILY INJURY/PROPERTY DAMAGE - LEASED
ALL AUTOMOBILES (ALL OWNED, LEASED, OPERABLE AND NON-OWNED) THAT ARE NOT INSURED BY OTHER POLICIES <input type="checkbox"/> BODILY INJURY <input type="checkbox"/> LIABILITY <input type="checkbox"/> OTHER THAN AUTOMOBILE FORM <input type="checkbox"/> LIABILITY (PROPERTY)					BODILY INJURY/PROPERTY DAMAGE LIABILITY

1. This box to be checked

2. This box to be checked

2. Statement to read "Borrowed, Leased or Rented Equipment"

2.. These two boxes to show amount equal to each piece of equipment

ADDITIONAL INSURED
 It is agreed that **CERTIFIED EQUIPMENT SALES SERVICES AND RENTALS LTD.** is added as additional insured with respect to Liability arising out of the Named Insured's operations.

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/PROFESSIONAL FEES
ALL OPERATIONS OF THE NAMED INSURED

3. This box to be worded exactly as shown

CERTIFICATE HOLDER
 Certified Equipment Sales Services and Rentals Ltd.
 2 Royalcrest Road
 Etobicoke, Ontario M9V 2L5

CANCELLATION
 If the coverage provided under the said policy (ies) is cancelled or reduced in a manner as to affect this Certificate of Insurance, the Insuring Company will give 30 (thirty) days written notice in advance to the certificate holder, by registered letter, of such a cancellation or change.

3. This box to be worded as shown

4. This box to be worded as shown

SIGNATURE OF AUTHORIZED REPRESENTATIVE	SIGNATURE OF AGENT	DATE	DATE