

Above and Beyond Equipment Rentals, LLC

PO Box 4109
Madison, CT 06443

Office: (203) 350 0542
Fax: (203) 350 0543

APPLICATION FOR CREDIT

Credit Limit Requested _____ Sales Rep _____

Company Name _____ DBA _____ Parent Co. _____

Phone# _____ Fax # _____ Cell Phone # _____

Physical Address _____ Years _____

Billing Address _____ County _____

Individual _____ Partnership _____ Corporation _____ LLC _____ Federal ID# _____

Owner _____ Social Security # _____ President _____ Social Security # _____

State of Incorporation _____ Years Incorporated _____ Years in Business _____

Business Type _____ Annual Sales _____ D&B# _____

Accounts Payable Contact _____ Phone # _____ Fax # _____

Bank Name _____ Phone _____ Contact _____ Account # _____

You must carry insurance on rented equipment, please have your agent send us a Certificate of Insurance (Attn: Credit Dept) for physical damage and general liability coverage of at least \$50,000.00. Please list Above and Beyond, LLC as additional insured/loss payee on the certificate.

Insurance Company _____ Agent _____ Phone # _____

Tax Exempt _____ If yes, please attach exemption certificate. Purchase Order Required: Yes _____ No _____

TRADE REFERENCES - SUPPLIERS (excluding all equipment rental companies) please provide fax #'s!

1. Name _____ City, State _____ Phone # _____ Fax # _____

2. Name _____ City, State _____ Phone # _____ Fax # _____

3. Name _____ City, State _____ Phone # _____ Fax # _____

4. Name _____ City, State _____ Phone # _____ Fax # _____

If new in Business (1 year or less) or have no credit trade references, please supply personal credit card information.

Card Name _____ Acct # _____ Exp. Date _____

The information in this application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant, continue or deny credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or parts purchased, service, and equipment rentals ordered or delivered pursuant hereto will be governed and settled under applicable principles of Connecticut Law, under Jurisdiction of Connecticut Courts and that venue in any such action shall be in the County of New Haven. I understand that neither this application nor any information provided in connection with it shall create any obligation or understanding on the part of vendor/lessor to extend any credit whatsoever.

NOTE: I agree that any credit granted by vendor/lessor herein is subject to the terms stated on the invoice and is bound to pay service charges of 1 ½% per month (18% yearly) on invoices unpaid after 30 days. If vendor/lessor employs the service of an attorney to collect a delinquent account, purchaser agrees in addition, to pay vendor/lessor's expenses, including attorney fees. The undersigned acknowledges receipt of a copy of this credit agreement (if entity is a partnership, all owners must sign).

Name _____ Title _____ Date _____

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