

- 9 620 HARDING RD, MORTON, IL 61550
- (309) 263-7368
- INFO@AMERICANRENTAL.COM
- WWW.AMERICANRENTAL.COM

## **BUSINESS CREDIT APPLICATION**

Authorized Contact Information							
Contact Name		Title					
Email		Phone					
Business Information							
Company Name Tax I.D. Number							
Address							
Billing Address							
Phone	Email		Website				
Length of Time at Current Address: Years Months							
Nature of Business: In Business Since:							
Type of Business : ☐ Sole Prop	prietorship $\square$ Partnership	□ LLC □ Co	rporation $\Box$ C	Other			
If Applicable (Must provide CRT-61 or letter from Illinois stating tax exempt status)  Resale # Tax Exempt #							
Do Your Require: Purchase O	rder Number 🗆 Yes 🗆 No	o Jo	b Name ☐ Yes	□ No			
If yes, you must submit a certificate of insurance naming American Rental as an additional insured and specifying coverage of rented items and equipment for a minimum amount of \$100,000. This certificate must be current and kept up to date.  Authorized Renters: IMPORTANT! This Is OPTIONAL – If you require us to check renters on your behalf, please provide us with a separate list of who is allowed to rent on your account.							
Bank Information							
Bank Name			Contact Name				
Address							
Phone	Email						
Credit References							
Company	Contact	Phone		Email			
Credit Agreement							
American Rental is authorized to obtain any information necessary from your banking and credit references for the purposes of establishing an open 30-day charge account for the applicant. If a balance is still owed after 30 days, there will be a 1.5% monthly finance charge applies (18% annual). Any claims regarding an invoice must be made within 7 days of the date issued.							
Signature: Date:							
Print Name:	Print Name: Title						
Please submit this completed application to American Rental, 620 Harding Rd., Morton, IL 61550, Attn: Zack Davis - OR - email to zack@americanrental.com. You will be contacted after your application has been reviewed.							



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/11

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 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:	
INSURANCE COMPANY or AGENCY	PHONE FAX (A/C, No, Ext): (A/C, No):	
123 Main St	E-MAIL ADDRESS:	
Anytown, IN 44444	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: INSURANCE COMPANY	99999
INSURED	INSURER B:	
Company Name	INSURER C:	
789 Main St	INSURER D:	
Anytown, IN 99999	INSURER E :	
	INSURER F:	
OOVER A OFO	DEVICION NUMBER	

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 INSR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GENERAL LIABILITY						EACH OCCURRENCE	\$ POLICY
A	X COMMERCIAL GENERAL LIABILITY	X		33333333-01	11/11/11	11/11/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ LIMITS
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ POLICY
	ANY AUTO ALL OWNED X SCHEDULED AUTOS AUTOS						BODILY INJURY (Per person)	\$ LIMITS
A			44444444-01	11/11/11	11/11/12	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR				_		EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE		>	>> SAMP	"LE <sup>4</sup>	<b>&lt;&lt;&lt;</b>	AGGREGATE	\$
	DED RETENTION \$			02				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			44444444-01	11/11/11	11/11/12	X WC STATU- TORY LIMITS OTH- ER	POLICY
	AND EMPLOYERS LIABILITY  Y / N  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ LIMITS
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Rented Equipment			555555555-01	11/11/11	11/11/12	Equipment value mi	nimum \$100,000
	*SPECIAL FORM						Deductible maximur	n \$2,500

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

Certificate Holder is additional insured and loss payee for rented or leased equipment.

\*NOTE TO AGENT: SPECIAL FORM COVERAGES ACCEPTABLE: INLAND MARINE OR EXTENDED BUSINESS PERSONAL PROPERTY (coverage anywhere), MINIMUM REPLACEMENT COST \$100,000, GREATER IF EQUIPMENT RENTED VALUE IS HIGHER, MAXIMUM DEDUCTIBLE: \$2,500.

CERTIFICATE HOLDER	CANCELLATION			
Morton Rentals, LLC dba: American Rental dba Create a Scene	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
620 Harding Rd	AUTHORIZED REPRESENTATIVE			
Morton, IL 61550	INSURANCE AGENCY NAME			