



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

BUSINESS CREDIT APPLICATION

Authorized Contact Information		
Contact Name	Phone	
Title	Email	
Business Information		
Company Name	Tax I.D. Number	
Address		
Phone	In Business since	Website
Nature of Business:		
Accounting/Accounts Payable Information		
Name	Phone	Email For Invoices
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
If Applicable (Must provide CRT-61 or letter from Illinois stating tax exempt status)		
Resale #	Tax Exempt #	
Do Your Require: Purchase Order Number <input type="checkbox"/> Yes <input type="checkbox"/> No Job Name <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do You Desire to Decline Our 10% Damage Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, you must submit a <u>certificate of insurance</u> 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.</i>		
Authorized Renters: IMPORTANT! This Is <i>OPTIONAL</i> – If you require us to check renters on your behalf, please give us a separate list of who can rent on your account.		
Bank Information		
Bank Name	Contact Name	
Address	Phone	
Email		
Trade References		
Company	Contact Name & 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 (18% annual). Any claims regarding an invoice must be made within 7 days of the date issued. Please attach a W-9 for our records.		
Signature: _____		Date: _____
Printed Name: _____		Title: _____
Please submit this completed application to American Rental, 620 Harding Road, Morton IL 61550 OR - email to info@americanrental.com , you will be contacted once the 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 INSURANCE COMPANY or AGENCY 123 Main St Anytown, IN 44444	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	INSURANCE COMPANY
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		33333333-01	11/11/11	11/11/12	EACH OCCURRENCE \$ POLICY
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ LIMITS MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY			44444444-01	11/11/11	11/11/12	COMBINED SINGLE LIMIT (Ea accident) \$ POLICY
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ LIMITS 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 \$			>>> SAMPLE <<<			EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	44444444-01	11/11/11	11/11/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER POLICY
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ LIMITS E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Rented Equipment *SPECIAL FORM			55555555-01	11/11/11	11/11/12	Equipment value minimum \$100,000 Deductible maximum \$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 Morton Rentals, LLC dba: American Rental dba Create a Scene 620 Harding Rd Morton, IL 61550	CANCELLATION 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 INSURANCE AGENCY NAME
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>>> Please email your completed COI to accounting@americanrental.com <<<