AMERICAN RENTAL
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: ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation ☐ Other		
If Applicable (Must provide CRT-61 or letter from Illinois stating tax exempt status) Resale # Tax Exempt #		
Do Your Require: Purchase Order Number ☐Yes ☐ No Job Name ☐ Yes ☐ No		
Do You Desire to Decline Our 10% Damage Waiver? ☐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 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 accounting@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**	**99999**
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Company Name
789 Main St
Anytown, IN 99999

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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	X		333333333-01	11/11/11	11/11/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ POLICY $ LIMITS $ $ $ $
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS X SCHEDULED AUTOS NON-OWNED AUTOS			444444444-01	11/11/11	11/11/12	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ POLICY $ LIMITS $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			>>> SAMPLE <<<			EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		444444444-01	11/11/11	11/11/12	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	POLICY $ LIMITS $ $
A	**Rented Equipment** ***SPECIAL FORM**			5555555555-01	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
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

>>> Please email your completed COI to insurance@americanrental.com <<<