

# I-5 Rentals

8443 Commercial Way  
Redding, CA 96002-3902

Phone (530) 226-8081 ~ Fax ( 530) 226-8083

Date: \_\_\_\_\_

To: \_\_\_\_\_

Attn: \_\_\_\_\_

Fax: \_\_\_\_\_

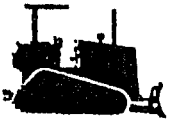
From: \_\_\_\_\_

Pages including cover sheet \_\_\_\_\_

We welcome you as a new customer. Please **Complete**, **Sign**, and **Fax** back, the enclosed **Credit Agreement**.

Part of the responsibility of renting heavy equipment is providing a **Certificate of Insurance**. By doing so through your business insurance it should not present any expense or add any charges to your present policy. Please ask your insurance carrier to fax a copy of your certificate listing I-5 Rentals as the **Certificate Holder**, **Additional Insured**, and **Loss Payee** for rented and leased equipment coverage. A sample is enclosed and we can offer assistance if you prefer.

We appreciate your call and look forward to working with you.



# I-5 RENTALS



8443 COMMERCIAL WAY  
REDDING, CA 96002-3902  
530 226-8081 • FAX 530 226-8083

## CREDIT AGREEMENT

Date: \_\_\_\_\_

Exact Name of Applicant: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Contractors License: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

COMPLETE FOR CORPORATION

Principle Office of Corporation: \_\_\_\_\_

Name of President: \_\_\_\_\_

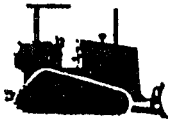
Name of Secretary/Treasurer: \_\_\_\_\_

Date and State of Incorporation: \_\_\_\_\_

COMPLETE FOR PARTNERSHIP

Name and Address of each General Partner: \_\_\_\_\_

Social Security Number of each General Partner: \_\_\_\_\_



# I-5 RENTALS



8443 COMMERCIAL WAY  
REDDING, CA 96002-3902  
530 226-8081 • FAX 530 226-8083

### Local Credit References

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Acct: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Bank Phone: ( ) \_\_\_\_\_

Bank Contact Person: \_\_\_\_\_

### Business Trade Creditors: Suppliers or vendors with established credit

(1) Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Address: \_\_\_\_\_ Acct # \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Address: \_\_\_\_\_ Acct # \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Address: \_\_\_\_\_ Acct # \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

(4) Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

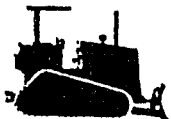
Address: \_\_\_\_\_ Acct # \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

We authorize I-5 Rentals, to contact the above credit references and to make inquiry through and other sources including but not limited to credit reporting agencies.

Signature \_\_\_\_\_

Print name and title \_\_\_\_\_



# I-5 RENTALS



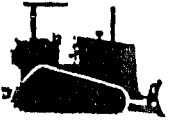
8443 COMMERCIAL WAY  
REDDING, CA 96002-3902  
530 226-8081 • FAX 530 226-8083

## TERMS OF CREDIT

- (1) Items rented/purchased on credit will be paid for within thirty (30) days of receipt.
- (2) Items rented/purchased will remain the property of the seller who shall retain title to the items until paid for by the buyer. Signature on this agreement indicates grant of consent for the seller to recover unpaid funds for property by whatever means available.
- (3) Items not paid for within thirty days from purchase will bear interest at the maximum legal rate from the date of their purchase.
- (4) Should the seller employ counsel for the purpose of assisting the seller in collecting monies from the buyer; the seller shall have the right to a reasonable attorney fees and costs.
- (5) It is agreed that proper jurisdiction and venue for any court action or arbitration hearing shall be the County of Shasta in the State of California.
- (6) It is understood that this application contains representations upon which the seller will rely in extending credit, if credit is approved and granted.
- (7) Unless the buyer submits the seller on buyers letterhead a list of persons authorized to charge by registered mail all of buyers employees, and partners will be authorized agents.
- (8) If any part of this agreement is ruled unlawful, the remainder shall continue in full force and effect.
- (9) If requested by the seller the buyer will provide all information for the seller to send a preliminary 20 day notice to protect sellers rights to lien, stop notice and bond rights.
- (10) The person or persons signing this application are the personal guarantor(s) and payment bond sureties of the applicant, buyer.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_



# I-5 RENTALS



8443 COMMERCIAL WAY  
REDDING, CA 96002-3902  
530 226-8081 • FAX 530 226-8083

## SIGNATURE PAGE

### RENTAL REQUIREMENT *CERTIFICATE OF INSURANCE*

Part of the responsibility of renting heavy equipment is providing a ***CERTIFICATE OF INSURANCE***. By doing so through your business insurance it should not present any expense or add any charges to your present policy. Please ask your insurance carrier to **fax and mail a copy of your policy** listing I-5 Rentals as the **certificate holder and additional insured, as well as, loss payee for rented and leased equipment coverage**. A sample is enclosed for your convenience. *If you do not have General Liability Insurance you will be required to pay a deposit.*

Yes, I have contacted my insurance carrier: \_\_\_\_\_  
(Name) (Telephone)

### ***ACCEPTANCE - SIGNATURE REQUIRED***

Location of Job presently working on: \_\_\_\_\_

Are purchase order or job numbers required: \_\_\_\_\_

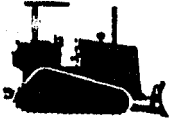
Amount of anticipated credit requirements: \_\_\_\_\_

**I make this application to obtain credit from I-5 Rentals, and agree to the terms and conditions herein. I warrant my authority to enter into this agreement.**

**Dated:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name :** \_\_\_\_\_



# I-5 RENTALS



8443 COMMERCIAL WAY  
REDDING, CA 96002-3902  
530 226-8081 • FAX 530 226-8083

## Rental Ground Rules

1. Customer is responsible for delivery and pick-up of rental equipment. The agreed price for I-5 Rentals to provide this service is: P. O. R.
2. Machines are sent out on rent with a full tank of fuel. We invoice for any "**low on fuel**" condition. Therefore, please return machine full of fuel, or respect our refill price of: \$~~5~~5.00 per gallon.
3. **Customer is responsible for any damage to the machine.**  
For example: Broken windows, flat tires, broken lights, cosmetic damage, broken hydraulic lines, excessive wear, etc.
4. **Do not make any repairs to the machine** without prior authorization from I-5 Rentals. We have a 24 hour phone number for assistance: 1-530-226-8081. We do not pay back charges for any unauthorized repair.
5. Our machines go out on rent "Rental Ready."  
**Customer is responsible for daily maintenance.**  
*Please refer to operators manual or call our office if you need assistance.*
6. *Daily rental consists within a 24 hour period – 8 hours on the machine.  
Weekly rental consists within 7 consecutive days – 40 hours on the machine.  
Monthly rental consists within a 4 consecutive week period – 176 hours on machine. Overtime will be billed.*
7. **Customer must call machine off rent** and schedule a pick-up. Call 1-530-226-8081  
*Please initial, stating that you understand that the machine is on rent and is being charged to you until you have called off-rent & scheduled a pick-up.* \_\_\_\_\_
8. *Customer understands proper operating procedures of equipment .* **I-5 Rentals does not permit the use of any attachments / implements without prior written approval.** If there are any questions regarding operation, safety, or maintenance, call our office immediately \_\_\_\_\_.
9. *Deposit payable by Cash or Credit Card. Deposits will first be applied toward damages, sales/ Service, then rental charges.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID: J5 DATE (MM/DD/YYYY)  
CHIWE-1 10/10/05

PRODUCER	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.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Financial Pacific Ins Company	
	INSURER B: QBE Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X		GENERAL LIABILITY <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	168616C	09/01/05	09/01/06	EACH OCCURRENCE	\$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50000
							MED EXP (Any one person)	\$ 5000
							PERSONAL & ADV INJURY	\$ 1000000
							GENERAL AGGREGATE	\$ 2000000
							PRODUCTS - COMP/OP AGG	\$ 2000000
							Emp Ben.	1000000
			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
							OTHER THAN AUTO ONLY: EA ACC	\$
							AGG	\$
			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B			Equipment Floater	2641911	08/30/05	08/30/06	LRB Equip	\$100,000
							Ded	\$1,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is Additional insured & Loss payee with respects to Rented Equipment.

## CERTIFICATE HOLDER

I-5 Rentals  
8443 Commercial Way  
Redding CA 96002-3902

Fax (530) 226-8083

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Mark Boff*