



FAX TO: 305-513-3976
ATTENTION: BOB ABEL
PHONE: BUSINESS DEVELOPMENT MANAGER
305-513-3350 X.2262

APPLICATION FOR CREDIT

DATE: \_\_\_\_\_

The following information is submitted as a basis for extension of credit by NEFF RENTAL LLC, all hereinafter referred to as NEFF. Additional rental locations are located in: Alabama, Arizona, California, Colorado, Florida, Georgia, Louisiana, Nevada, North Carolina, South Carolina, Tennessee, Texas, Virginia and Maryland.

NAME OF FIRM \_\_\_\_\_ [ ] CORP [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP

ADDRESS - PROVIDE BOTH BUSINESS AND PO BOX ADDRESS

BUSINESS ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX NUMBER: ( ) \_\_\_\_\_ STANDARD IND. CODE (SIC-4 DIGITS) \_\_\_\_\_

DIVISION OF \_\_\_\_\_ MONTHLY STATEMENT? [ ] YES [ ] NO

TYPE OF BUSINESS \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_ ARE YOU LISTED IN D&B? [ ] YES [ ] NO

DO YOU USE ANY OTHER TRADE NAME? \_\_\_\_\_ DO YOU REQUIRE A PURCHASE ORDER? [ ] YES [ ] NO

TAX EXEMPT: [ ] YES [ ] NO IF TAX EXEMPT, PLEASE ATTACH COPY OF SALES & USE TAX EXEMPT CERTIFICATE

CONTRACTOR'S LICENSE NO. \_\_\_\_\_ FEDERAL TAX NO. \_\_\_\_\_

DO YOU HAVE PHYSICAL DAMAGE COVERAGE FOR THE RENTAL EQUIPMENT? [ ] YES [ ] NO

(IF YES, YOU MUST ATTACH INSURANCE CERTIFICATE INDICATING SUFFICIENT PHYSICAL DAMAGE COVERAGE OR LOSS DAMAGE WAIVER WILL BE CHARGED.)

DO YOU HAVE LIABILITY INSURANCE COVERAGE? [ ] YES [ ] NO (A CERTIFICATE OF INSURANCE MUST BE ATTACHED TO VERIFY SUFFICIENT COVERAGE.)

OWNERSHIP

OWNER OR PRESIDENT \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

PARTNERSHIP OR V/P \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

TRADE REFERENCES

Table with 4 columns: COMPANY, COMPLETE ADDRESS, TELEPHONE, CONTACT. Rows 1-4.

BANK REFERENCES

Table with 4 columns: BANK and BRANCH, ACCOUNT NUMBER and TYPE, TELEPHONE, CONTACT. Rows 1-4.

**OTHER INFORMATION**

IF IN BUSINESS FOR LESS THAN 5 YEARS, THE FOLLOWING INFORMATION MUST ALSO BE PROVIDED BY THE OWNER

OWNER'S NAME \_\_\_\_\_ PERSONAL BANK REFERENCE \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ BANK OFFICER \_\_\_\_\_ BANK PHONE ( ) \_\_\_\_\_

BANK ACCOUNT(S) \_\_\_\_\_ TYPE OF ACCOUNT(S) \_\_\_\_\_

CREDIT CARD COMPANY \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CREDIT CARD COMPANY \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

**BANK REFERENCES**

FOR THE PURPOSE OF ESTABLISHING AN ACCOUNT WITH NEFF, I HERBY AUTHORIZE THE ATTACHED BANK AND TRADE REFERENCE TO RELEASE THE REQUESTED CREDIT INFORMATION. THE UNDERSIGNED ACKNOWLEDGES NEFF'S PAYMENT TERMS OF NET (10) DAYS FROM THE DATE OF INVOICE. IN THE EVENT IT BECOMES NECESSARY TO PLACE THE ACCOUNT WITH AN ATTORNEY OR COLLECTION , WE AGREE TO PAY ALL COST OF COLLECTION, INCLUDING ATTORNEYS FEES AND HEREBY WAIVE THE RIGHT OF TRIAL BY JURY AND WAIVE THE PRIVILEGE OF BEING SUED IN THE COUNTY OF OUR RESIDENCE AND AGREE THAT SUIT MAY BE BROUGHT IN THE RESPECTIVE NEFF LOCATION WHERE THE EQUIPMENT WAS RENTED. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT PAST DUE ACCOUNTS (60 DAYS AND OVER) ARE SUBJECT TO SERVICE CHARGES OF 1.5% PER MONTH (18% PER ANNUM). A FAXED COPY OF THIS APPLICATION WILL BE TREATED AS AN ORIGINAL.

NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERSONAL GUARANTEE**

THE UNDERSIGNED, DO(ES) HERBY PERSONALLY GUARANTEE PAYMENT IN FULL, WITHOUT RESERVATION, OF ALL PAST, PRESENT AND FUTURE ACCOUNTS, CHARGES, OBLIGATIONS OR DEBTS DUE TO NEFF INCURRED BY THE COMPANY OR BUSINESS NAMED IN THIS APPLICATION IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION AS MAY OR HAVE ACCRUED EITHER BEFORE OR AFTER THE EXECUTION OF THIS APPLICATION, NEFF IS HEREBY AUTHORIZED TO GIVE THE COMPANY, AND I/WE HEREBY GUARANTEE PAYMENT OR ANY AMOUNT OR CREDIT AND VARYING AMOUNT OF CREDIT AT DIFFERENT TIMES ABOVE OR BELOW ANY INITIAL CREDIT LIMIT AS MAY BE ESTABLISHED BY NEFF AS A RESULT OF THIS APPLICATION. THIS PERSONAL GUARANTEE SHALL REMAIN IN FORCE AND EFFECT EVEN AFTER THE FIRM HAS CHANGED OWNERSHIP OR FORM OF ITS BUSINESS, UNLESS WRITTEN NOTICE OF REVOCATION IS RECEIVED BY NEFF AND, AT THE TIME OF REVOCATION, THE COMPANY OR BUSINESS NAMED IN THE APPLICATION DOES NOT HAVE OUTSTANDING AMOUNTS DUE NEFF. THE REVOCATION SHALL APPLY PROSPECTIVELY ONLY TO DEBTS OF THE COMPANY OR BUSINESS AFTER RECEIPT OF THE REVOCATION.

DATE \_\_\_\_\_

SIGNED:

\_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

\_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

\_\_\_\_\_ WITNESSED BY: \_\_\_\_\_

**AUTHORIZED RENTERS**

We want to help you control costs and reduce potential fraud. Please take a moment to identify the personnel in your company who are authorized to order rental equipment

NAME \_\_\_\_\_ PHONE - - MOBILE - - E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE - - MOBILE - - E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE - - MOBILE - - E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE - - MOBILE - - E-MAIL \_\_\_\_\_

**COMPANY USE ONLY**

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

BRANCH MANAGER'S REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED-LIMIT \$ \_\_\_\_\_  REJECTED: REASON \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_