



APPLICATION FOR CREDIT

While credit is being considered, you may still rent at our locations, by paying with a major credit card.

To be considered for credit with Pro Star Rental, LLC:

- All fields on Application must be completed
- Current signed W-9
- A Certificate of Liability Insurance (COI)
 - o This can be provided by your insurance agent (sample below)
- Be listed as “**Active**” with the Texas State Comptroller’s office and have the right to transact Business in Texas <https://comptroller.texas.gov/taxes/franchise/account-status/search>
- If Tax Exempt – include a copy of your Tax Exemption Certificate

All rentals on account will need to provide a Purchase order number, Job number or site location to rent on account.

Email all documents to creditapp@prostarrental.com



APPLICATION FOR CREDIT

SELECT THE PRIMARY LOCATION WHERE YOU WILL DO BUSINESS:

☐ Longview ☐ Tyler ☐ Nacogdoches ☐ Waxahachie ☐ Waco ☐ Wichita Falls ☐ Dallas ☐ Belton

SELECT YOUR PRIMARY INDUSTRY:

☐ Concrete ☐ Electrical ☐ Gen Contractor ☐ Government ☐ Home Builder ☐ Service ☐ Oil/Energy
☐ Lawn Service ☐ Plumber ☐ Ind/Commercial ☐ Sub-Contractor ☐ Retail ☐ Other _____

Legal Business Name _____ ☐ Corporation ☐ Individual ☐ Partnership ☐ LLC

DBA Business Name _____ Federal Tax ID# _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Current Customer: ☐ Yes ☐ No Sales Rep/Referred by: _____ Requested Credit Line \$ _____

Telephone _____ Fax _____ Email _____

Corporation, Date/State (Or date Business started) _____ Accounts Payable Email: _____

Texas Tax ID# _____ Phone to confirm order: (____) ____ - _____

Select one or more: ☐ PO Number ☐ Job Number ☐ Site Location (NOTE: PO #, Job #, or location required to rent on account)

List Authorized Employees (Name, DL #, Exp Date, & State) who are Approved to Sign Rental Contract: _____

Name of Commercial/Industrial References: Current Active Suppliers (Include 3 Business/Trade References)

Name _____ City/State _____ Telephone _____

Name _____ City/State _____ Telephone _____

Name _____ City/State _____ Telephone _____

Bank Reference: Business Checking or Savings Account Acct # _____

Bank Name _____ Address _____

Officer _____ Phone _____ Number of Years _____

Owners and/or Officers:

Name _____ Title _____

Name _____ Title _____



APPLICATION FOR CREDIT

In Consideration of the extension of credit by Pro Star Rental to the above-named purchaser, you agree that:

- Terms are due 10 days after close of contract. Invoices are due and payable to Pro Star Rental, at the location where the account was opened.
- Accounts not paid in full 10 days after close of contract are subject to a service charge on all past due amounts.
- The service charge on past due accounts will be 1.5% per month (18% annual) or the maximum allowable by law (whichever is less).
- Should this account, because of default, be collected by or through an attorney at law, the above purchaser agrees to pay 18% attorney's fees in addition to principal indebtedness and unpaid service charges.

As part of the consideration of the extension of credit by Pro Star Rental, LLC ("Pro Star") that Pro Star may make use of credit information services to gather information regarding its credit decision. If a service is used the request may be a hard inquiry and will appear on my credit report.

Printed Name: _____ **Title:** _____

Signature: _____ **Date:** _____

All fields must be completed for consideration of credit.

Return application, W-9 & Certificate of Insurance to creditapp@prostarrental.com

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/14/2013

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 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>CARRIER NAME</td> </tr> <tr> <td>INSURER B:</td> <td>CARRIER NAME</td> </tr> <tr> <td>INSURER C:</td> <td>CARRIER NAME</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A:	CARRIER NAME	INSURER B:	CARRIER NAME	INSURER C:	CARRIER NAME	INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED CUSTOMER NAME & ADDRESS																					

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		TBD	01/01/2013	01/01/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		TBD	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	TBD	01/01/2013	01/01/2014	EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<input type="checkbox"/>	LEASED/RENTED CONTRACTORS EQUIPMENT		TBD	01/01/2013	01/01/2014	LSD/RTD DED.

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

SAMPLE

CERTIFICATE HOLDER

CANCELLATION

Pro Star Rental, LLC 13154 State Highway 155 S, Ste A Tyler, TX 75703	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 House Producer
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SAMPLE