



# 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](mailto:creditapp@prostarrental.com)



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**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 \_\_\_\_\_



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**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](mailto: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 CONFERNS 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).

<p>PRODUCER</p>      	<p>CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:</p> <p>FAX (A/C, No):</p> <p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A : CARRIER NAME</p> <p>INSURER B : CARRIER NAME</p> <p>INSURER C : CARRIER NAME</p> <p>INSURER D :</p> <p>INSURER E :</p> <p>INSURER F :</p>
INSURED	
CUSTOMER NAME & ADDRESS	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:					
<p>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.</p>									
INSR LTR	TYPE OF INSURANCE	ACDL INSD	SUBR 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				TBD	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ex. occurrence)	\$ 50,000	
GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER						MED EXP (Any one person)	\$ 5,000		
						PERSONAL & ADV INJURY	\$ 1,000,000		
						GENERAL AGGREGATE	\$ 2,000,000		
						PRODUCTS - COMPIOP AGG	\$ 2,000,000		
						OTHER	\$		
						OTHER	\$		
AUTOMOBILE LIABILITY				TBD	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ex. accident)	\$ 1,000,000	
<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$	
Hired Autos							PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB				TBD	01/01/2013	01/01/2014	EACH OCCURRENCE	\$	
EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						AGGREGATE	\$	
DED	RETENTION \$						OTHER	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							<input type="checkbox"/>	E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							N/A	E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
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

<p>Pro Star Rental, LLC 13154 State Highway 155 S, Ste A Tyler, TX 75703</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <b>House Producer</b></p>
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# SAMPLE