

COMMERCIAL CREDIT APPLICATION

Insurance Information

Company Name or Individual Name

A certificate of insurance listing Nationwide Equipment Co., Inc. as the Loss Payee must be furnished prior to the delivery of equipment.

Liability and Property Damage Insurance Agent

Mailing Address

City, State, Zip

Phone Number

Fax Number

- Customer will, at Customer's expense, at all times during the Term of Rental Agreement, maintain in force public liability and third party property damage insurance with minimum single limits of \$500,000 for bodily injury per person and \$250,000 for property damage per incident, on a primary and not excess or contributory bases against Customer's liability for damage sustained by any person or persons, including but not limited to agents or employees of Customer, as a result of the maintenance, use, operation, possession, storage, erection, dismantling, servicing or transportation of the equipment. Customer agrees to abide by all the terms and conditions of said insurance.
- Said insurance may not be cancelled or materially modified except on twenty (20) days' prior written notice to Nationwide Equipment Co., Inc.
- Liability coverage for bodily injury and property damage caused to others will not be provided by Nationwide Equipment Co., Inc. under any circumstances.

TERMS AGREEMENT (Must be signed for account processing)

The undersigned Purchaser/Lessee agrees that all rentals made by Purchaser/Lessee from Nationwide Equipment Co., Inc., are subject to the following terms and conditions:

- If a Purchase Order Number is required, it is the responsibility of the Purchaser/Lessee to supply this number before or at the time of pickup/delivery.
- Any account with a delinquent balance may be placed on a credit hold or closed at any time and the equipment picked without notice at the discretion of Nationwide Equipment, Inc.
- Notice To Owner – All contracts are subject to Notice To Owner under the Florida Statutes. Upon request, Purchaser/Lessee is required to provide complete and accurate information concerning all related obliges under the Florida Lien Laws on property where equipment is used. Failure to provide requested information will result in immediate suspension of credit privileges. Lien releases will be provided within three (3) working days of request.

In making this application for commercial credit, I/we understand and agree to your terms of payment: NET DUE UPON RECEIPT on all approved accounts, with a service charge of 1.5% per month on all invoices/contracts not paid within terms. Any disputed invoices must be brought to the attention of Nationwide Equipment Co., Inc. in writing within twenty one (21) days of the receipt of invoice by the Purchaser/Lessee. If Nationwide Equipment Co., Inc. is not notified, then the invoices/contracts are deemed correct and undisputed.

If credit is granted and collection thereof requires the assistance of attorneys, I/we agree that you reserve the right to bring legal action in whatever jurisdiction it deems necessary, whose laws, at the option of Nationwide Equipment Co., Inc., shall govern this agreement. In the event Nationwide Equipment Co., Inc. finds it necessary to turn over my/our account to a collection agency or attorney, I/we agree to pay all costs and expense of collection, including but not limited to attorney's fees and expenses.

The Company/Individual agrees that whoever signs this application for credit is authorized to do so, unless Nationwide Equipment Co., Inc. is otherwise notified in writing. I/we authorize Nationwide Equipment Co., Inc. to make whatever credit inquiries it deems necessary in connection with this application. I/we give permission to treat application transmitted via facsimile as original signed application.

Officer's Signature

Print Officer's Name and Title

Date

INDIVIDUAL PERSONAL GUARANTY

I, _____, for and in consideration of your extending credit at my request to _____ (the "Company"), personally guarantee prompt payment of any obligation of the Company to Nationwide Equipment Co., Inc., whether now existing or hereinafter, and further agree to bind myself to pay on demand any sum which is due by the Company to Nationwide Equipment Co., Inc. whenever the company fails to pay the same. It is understood that this guaranty shall be absolute, continuing and irrevocable for such indebtedness of the Company. I authorize Nationwide Equipment Inc., to make whatever credit inquiries it deems necessary in connection with this application including but not limited to a personal credit investigation.

I expressly waive presentment, demand, protest, notice of protest, dishonor, diligence, notice of default or nonpayment, notice of acceptance of this guaranty, notice of extending of any guaranteed indebtedness already or hereafter contracted for by the Company, notice of any modification or renewal of any credit agreement evidencing the indebtedness hereby guaranteed to all renewals of extensions of such indebtedness from, the Company or any other party liable for such indebtedness.

I, the personal guarantor, waive my homestead exemption as to this debt; and waive notice of maturity, presentment, demand, and protest. If the guaranteed indebtedness is not paid by me when due (after formal demand for payment), and this guaranty is placed in the hands for collections, suit is brought hereon, or it is enforced through any judicial proceeding whatsoever, I shall pay all cost and expenses of collection, including but not limited to attorney's fees and expenses.

In the event more than one party executed this Guaranty as a guarantor, then each guarantor agrees to be jointly and severally liable for the guaranteed indebtedness, and, in all instances herein, the singular shall be constructed to include the plural.

Guarantor's Signature

Date

Guarantor/Spouse

Date

Witness

Date

Witness

Date

Insurance Requirements for Renting / Leasing Equipment

Nationwide Equipment Co.
11950 New Kings Rd
Jacksonville, FL 32219

Nationwide Equipment Company requires the following proof of insurance coverage for the protection of our customers as well as our machines.

- General Liability Insurance Coverage
- Property damage coverage that covers the rented equipment for its replacement value.
- The Equipment **Make Model** and **Serial Number** is required to be shown on the certificate provided.
- The deductible on the policy must not exceed \$ 1,500.00
- **Nationwide Equipment Company has to be listed as Loss Payee and additional Insured with regard to Rented / Leased Equipment.**

Please list your insurance information, we will be glad to check with your agent and let you know what additional coverage (if any) you need in order to have your rental finalized.

Name of Company / Individual applying for insurance approval

Insurance Agent's Name _____

Phone # (____) _____

Contact _____

General Liability

Policy# _____ Expiration Date _____ Limit _____

Property Damage

Policy# _____ Expiration Date _____ Limit _____

Please Notify your Agent that we will be contacting them requesting information and that you will be renting a piece of Equipment. (Amendments will not be made to your policy without your consent.)

I hereby agree that all the information contained given is factual and true without any exclusion, and can be verified by my agent listed above.

Signature of Applicant Date

Print Name

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID LD
NATIO01

DATE (MM/DD/YYYY)
07/06/04

PRODUCER

(NAME OF AGENT)

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

(NAME OF INSURED)

INSURERS AFFORDING COVERAGE

INSURER A:
INSURER B:
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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		09/16/03	09/16/04	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" 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		09/16/03	09/16/04	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	OTHER				(RIDER/BLANKET)

Sample

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

Nationwide Equipment Co. additional insured and loss payee with regards to rented or leased equipment.

CERTIFICATE HOLDER

GAPORT5
 Nationwide Equipment Co.
 11950 New Kings Rd.
 Jacksonville, FL 32219

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