

CREDIT CARD APPLICATION FOR USA EQUIPMENT SOLUTIONS

THE UNDERSIGNED APPLICANT REPRESENTS AND WARRANTS THE FOLLOWING INFORMATION TRUE AND CORRECT AND A COMPLETE STATEMENT OF FINANCIAL CONDITION.

APPLICANT: _____ NATURE OF BUSINESS _____
CONTACT NAME: _____ YEAR ESTABLISHED _____
ADDRESS: _____ CORPORATION TYPE: _____
CITY: _____ TELEPHONE # _____
STATE: _____ ZIP: _____ FAX # _____

CREDIT CARD INFORMATION: EXECUTING THIS AGREEMENT YOU AUTHORIZE USA EQUIPMENT SOLUTIONS TO MAKE CHARGES TO THE FOLLOWING CREDIT CARD:

NAME ON CARD: _____ CARD#: _____
COMPANY NAME: _____ EXPIRATION DATE: _____
BILLING STREET ADDRESS: _____ CVV2 CODE: _____
CITY: _____ STATE: _____ CREDIT CARD TYPE: MC _____ VISA _____ AMEX _____
ZIP CODE: _____ BILLING PHONE NUMBER: _____

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT I AM AUTHORIZED TO EFFECT CHARGES TO THE ABOVE CREDIT CARD NUMBER.

DATE: _____ PRINT NAME: _____
SIGNATURE: _____

ACCOUNT TERMS:

(CARDHOLDER SIGNATURE)

1. EACH INVOICE IS DUE BEFORE DELIVERY OF ANY EQUIPMENT.
2. IF EQUIPMENT IS RENTED FOR LONGER THAN ORIGINALLY CHARGED, PERIODIC UNSIGNED INVOICE S WILL BE CHARGED FOR RENTAL CHARGES DUE.
3. AT THE DISCRETION OF USA EQUIPMENT SOLUTIONS, ANY ACCOUNT WITH A DELIQUENT BALANCE CAN HAVE EQUIPMENT PICKED UP WITHOUT NOTICE.
4. USA EQUIPMENT SOLUTIONS FILES NOTICE TO OWNERS AND MECHANICS LIENS WHENEVER NESSACARY OR REQUIRED BY LAW.
5. CUSTOMER AGREES TO PAY ALL REASONABLE ATTORNEY FEES, COLLECTION COST, AND COURT COSTS, INCURRED BY USA EQUIPMENT SOLUTIONS ENFORCING THESE TERMS AND CONDITIONS.
6. CUSTOMER AGREES TO PAY ON EACH DELINQUENT ACCOUNT A MONTHLY SERVICE CHARGE OF 1.5% OR THE MAXIMUM PERMITTED BY LAW.

THE UNDERSIGNED WARRANTS THAT ALL INFORMATION IS CORRECT, HAS READ, ACCEPTED AND AGREES TO BE BOUND BY ALL OF THE ABOVE TERMS AND CONDITIONS SET FORTH IN THE DOCUMENT, EACH ORDER ACKNOWLEDGEMENT, AND IN EACH RENTAL CONTRACT ORDERED BY THE UNDERSIGNED OR ITS AGENTS. FAX COPIES WILL BE ACCEPTED AS ORIGINALS.

DATE: _____ PRINT NAME: _____
SIGNATURE: _____
TITLE: _____

THE UNDERSIGNED HEREBY UNCONDITIONALLY GUARANTEE(S) THE FULL PAYMENT TO USA EQUIPMENT SOLUTIONS WHEN DUE ALL INDEBTEDNESS, OBLIGATIONS, AND LIABILITIES OF THE CUSTOMER NAMED IN THIS CREDIT CARD APPLICATION, INCLUDING ALL AMOUNTS NOW OWING AND ARISING IN THE FUTURE, AND INCLUDING ANY INTREST, ATTORNEY FEES, COLLECTION AND COURT COSTS. THE UNDERSIGNED AGREES TO BE BOUND BY ALL TERMS TO THIS CREDIT CARD APPLICATION. THIS GUARANTEE SHALL CONTINUE IN FORCE UNTIL IN WRITING BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED IS RECEIVED BY USA EQUIPMENT SOLUTIONS. THE NOTICE SHALL SPECIFY THE DATE OF TERMINATION. NOT TO BE LESS THAN SEVEN DAYS AFTER THE NOTICE IS RECEIVED AND SHALL NOT EFFECT ANY CHANGES FOR TRANSACTIONS WITH THE CUSTOMER THAT WERE ENTERED INTO PRIOR TO THE TERMINATION.

DATE: _____ PRINT NAME: _____
SIGNATURE: _____

CREDIT CARD APPLICATION

831 Par Circle

Delray Beach, Florida 33445

561.870.7170 or fax 561.330.9777

INSURANCE DECLARATION

IF YOU DO NOT PURCHASE THE OPTIONAL DAMAGE WAIVER, YOU MUST PROVIDE USA EQUIPMENT SOLUTIONS WITH PROOF OF INSURANCE IN THE FORM OF A RISK FLOATING POLICY NAMING USA EQUIPMENT SOLUTIONS AS LOSS PAYEE ON ANY AND ALL EQUIPMENT RENTED. IF YOU DO NOT PURCHASE THE OPTIONAL DAMAGE WAIVER, YOU MUST BE RESPONSIBLE FOR THE FULL COSTS OF ANY AND ALL REPAIRS OR FOR THE FULL REPLACEMENT COST OF THE EQUIPMENT. THE WAIVER DOES NOT COVER REPAIRS TO TIRES, DAMAGE OR THEFT OF ACCESSORIES, OR COSTS DUE TO CUSTOMER NEGLIGENCE, IN ACCORDANCE WITH THE TERMS ON THE FRONT AND REVERSE OF EACH RENTAL CONTRACT.

CERTIFICATE OF INSURANCE REQUIREMENTS

- 1. CUSTOMER MUST HAVE AN INLAND MARINE POLICY OR EQUIPMENT FLOATER.
- 2. COVERAGE MUST BE FOR THE VALUE OF THE EQUIPMENT RENTED. IF MORE THAN ONE PIECE OF EQUIPMENT IS RENTED, COVERAGE MUST BE FOR THE HIGHEST VALUED EQUIPMENT PER OCCURENCE.
- 3. COVERAGE MUST HAVE NO EXCLUSIONS.
- 4. USA EQUIPMENT SOLUTIONS MUST BE LISTED AS LOSS PAYEE AND ADDITIONAL INSURED WITH REGARDS TO THE RENTED/LEASED EQUIPMENT.
- 5. IF YOU CANNOT MEET THE ABOVE REQUIREMENTS YOU HAVE TO PAY THE 15% DAMAGE WAIVER.

I HAVE READ AND UNDERSTAND USA EQUIPMENT SOLUTIONS POLICY REGARDING THE REQUIREMENTS FOR A CERTIFICATE OF INSURANCE AND:

_____ I ELECT TO PAY THE 15% FEE PER THE RENTAL RATE

_____ NO, I WILL FURISH USA EQUIPMENT SOLUTIONS WITH A CERTIFICATE INDICATING USA EQUIPMENT SOLUTIONS AS LOSS PAYEE AND THE ADDITIONAL INSURED WITH RESPECT TO THE RENTED/LEASED EQUIPMENT. OUR POLICY NUMBER IS _____

POLICY NUMBER MUST BE PROVIDED ON THIS FORM AND SUBMITTED WITH THE CREDIT APPLICATION IN ORDER NOT TO BE CHARGED ON THE FIRST RENTAL. IF YOU ELECT TO PROVIDE YOUR INSURANCE COVERAGE AT A LATER DATE IT WILL BE APPLIED TO THE NEXT RENTAL PERIOD REGARDLESS OF YOUR EFFECTIVE DATE. YOUR COVERAGE WILL NOT BE ACCEPTED RETROACTIVELY.

DATE: _____

PRINT NAME: _____

accounting@usaequipmentcorp.com

SIGNATURE: _____

Support our troops

TITLE: _____

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD BOTH FRONT AND REAR WITH THIS CREDIT CARD APPLICATION.