



**Interstate Aerials, LLC.**

**313 Borelli Blvd Paulsboro, NJ 08066**

**Phone: 856-241-1118**

**Fax: 856-241-1199**

**Credit  
Application**

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**Important:** Applicant agrees to pay invoices in full-Net 30 days-FOB Point of Origin. In accordance with allowable rates, a finance charge will be added on all unpaid balances.

**Name of Firm:** \_\_\_\_\_

**Trade Name (if any):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Type of Organization:** Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

**Property:** Own: \_\_\_\_\_ Lease: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**Accounts Payable:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Principal:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

**Business Bank** \_\_\_\_\_

**Reference:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_

# Credit Application

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Business References (Please give address, telephone and account if applicable):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**TO ABOVE INDICATED CREDITORS:** *Please consider this signed application as my permission to release credit information to **Interstate Aerials, LLC.**, for the purpose of establishing an open line of credit.*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that all information on this form is correct and that I fully understand this Credit Form and agree to the proper payment terms.

In consideration for credit by Interstate Aerials, LLC., I, \_\_\_\_\_ personally guarantee immediate payment of any outstanding balance which has remained past due for a period of thirty (30) days. I agree to make payment in full upon written demand.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please supply a Certificate of insurance with Inland Marine Coverage or Contractors Equipment Insurance listing Interstate Aerials, LLC., as Loss Payee or Additional Insured.**

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## INTERNAL USE ONLY

Credit Limit: \_\_\_\_\_ Credit Status: \_\_\_\_\_

Approved By: \_\_\_\_\_



## Interstate Aerials, LLC.

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The Following are guidelines regarding the use and operation of Interstate Aerials, LLC. equipment as stated on the contract in which all customers MUST sign:

- Customer is responsible for checking all fluids such as: engine oil, hydraulic fluid, antifreeze, coolant, and fuel on a daily basis while equipment is on rent. Please refer to the "Use of Equipment" section on your contract.
- Electric Machines\*\*- Customer must maintain battery water and battery charge.
- Customer is responsible for maintaining proper tire pressure and inspecting tires for damage on a daily basis. \*\*Any tire damage including flats will be charged to the customer-please read the "Tire/Tube repair or replacement" section of your contract.
- All equipment in relation to rental rates are based on eight (8) hours per day, five (5) days per week, twenty (20) days per month. For excess usage, please read the "Rental Period and Calculation of Charges" section on your contract.
- Credit will not be issued for downtime due to inclement weather
- When the equipment is called off it is the customers responsibility to *clean off any debris from the platform or the boom basket.* \*Cleaning charges may apply.
- Any damage deemed and not part of normal wear and tear will result in additional charges. Please refer to "Return of Equipment, Damaged & Lost Equipment" section of your contract.

Interstate Aerials, LLC. strives to make your rental experience as friendly as possible and created this key guideline sheet for your awareness. Both Interstate Aerials LLC contract provisions and these guidelines apply. Any questions about these guidelines please do not hesitate to contact your sales representative or our office at 856-241-1118.

Thank you for your business.

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Customer Signature

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Print Name

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Company Name

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Date



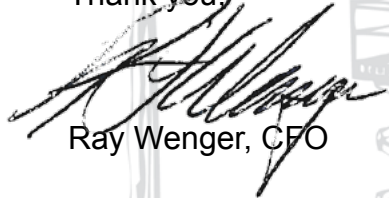
Attached is a sample Certificate of Insurance (COI) for your use to provide to your Insurance Company as an example of the required insurance coverage. The COI must show evidence of Liability coverage and Rental Equipment coverage. **Interstate Aerials, LLC must be listed as the Certificate Holder.**

**Interstate Aerials, LLC must also be listed as an additional insured and loss payee with regards to rental equipment using the example showing the specific wording required under Description of Operations.** This type of coverage is necessary to insure for any damages to the equipment while on rent and is generally provided through an Equipment Floater, Inland Marine or Contractors Equipment insurance.

If, for some reason, you are not able to supply the insurance coverage for the rental equipment, Interstate Aerials, LLC can provide the damage coverage at the rate of 14% of the daily, weekly or monthly rate.

If you have any questions, please call the office at (856) 241-1118 or email Tracey Brown at [tbrown@interstateaerials.com](mailto:tbrown@interstateaerials.com).

Thank you,



Ray Wenger, CFO





SAMPLE CERTIFICATE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	Agency Name and Address	CONTACT NAME	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Company Name Address City, ST ZIP	INSURER A:	Insurance Carrier Name and NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input 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"/> PRO-JECT <input type="checkbox"/> LOC	X		POLICY NUMBER	POLICY DATES		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
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			POLICY NUMBER	POLICY DATES		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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DEDUCTIBLE  <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTHER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Equipment Floater Contractors Eqpt			POLICY NUMBER	POLICY DATES		Contract
							Equipment
							Limit \$

SAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder will be known as Additional Insured, with respect to operations performed by named insured; and Loss Payee with respect to any leased/rented equipment. All risk, replacement cost coverage up to the value of the equipment rented; no boom/overload exclusions to apply.

<b>CERTIFICATE HOLDER</b>  Interstate Aerials, LLC 313 Borelli Blvd. Paulsboro, NJ 08066	<b>CANCELLATION</b>  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  Signature of Authorized Representative

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# Interstate Aerials, LLC.

313 Borelli Blvd Paulsboro, NJ 08066

Phone: 856-241-1118

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## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Interstate Aerials, LLC** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Interstate Aerials, LLC** to charge my credit card account  
(full name)

indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Account Type: Visa:  MasterCard:  AmEx:

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 (3 Digit number on back of Visa/MC, 4 digits on front of AMEX): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization form is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.