

THIS PAGE TO BE COMPLETED BY JPS EQUIPMENT RENTAL LLC PERSONNEL  
 SCAN ALL COMPLETED FORMS AND DOCUMENTS TO AR@JPSEQUIPS.COM



<b>URGENT!!</b>	YES	NO
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**NEW ACCOUNT REQUEST FORM**

APPLYING FOR:

<table border="1"> <tr> <th colspan="2" style="text-align: center;">CREDIT CARD/CASH ONLY ACCOUNT - complete check list below</th> </tr> <tr> <td>New Account Request Form</td> <td></td> </tr> <tr> <td>Credit app: signed and dated</td> <td></td> </tr> <tr> <td>Credit card Authorization Form</td> <td></td> </tr> <tr> <td>Copy of Driver's Lic</td> <td></td> </tr> <tr> <td>COI (if applicable)</td> <td></td> </tr> <tr> <td>Tax Exemptions (if applicable)</td> <td></td> </tr> </table>	CREDIT CARD/CASH ONLY ACCOUNT - complete check list below		New Account Request Form		Credit app: signed and dated		Credit card Authorization Form		Copy of Driver's Lic		COI (if applicable)		Tax Exemptions (if applicable)		<table border="1"> <tr> <th colspan="2" style="text-align: center;">CHARGE ACCOUNT - complete check list below</th> </tr> <tr> <td>New Account Request Form</td> <td></td> </tr> <tr> <td>Credit app: signed and dated</td> <td></td> </tr> <tr> <td>COI (if applicable)</td> <td></td> </tr> <tr> <td>Tax Exemptions (if applicable)</td> <td></td> </tr> </table>	CHARGE ACCOUNT - complete check list below		New Account Request Form		Credit app: signed and dated		COI (if applicable)		Tax Exemptions (if applicable)	
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<b>GENERAL INFO</b>	CUSTOMER:	
	SALESMAN:	
	JOB SITE:	
	ADDITIONAL INFO:	

<b>TO BE COMPLETED BY JPS AUTHORIZED APPROVER</b>	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>	CC ONLY <input type="checkbox"/>
	CREDIT LIMIT:		
	NOTES:		
	REVIEWED BY:		
	DATE:		
	TEXADA CUSTOMER #:		



**REMIT TO:**  
 P.O. BOX 731152  
 DALLAS, TX 75373-1152  
 PHONE: 855-674-3509 / FAX: 318-542-4826  
 AR@JPSEQUIPS.COM

## CREDIT APPLICATION

*Sales Rep:*

Business Information:			
Business Name:			
Billing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Business Phone:	A/P Contact Name:		
Business Fax:	A/P Contact Email:		
Federal ID No. :	PO# Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Employees:	
Nature of Business:	ONLY Rent To:		
Years in Business:	Do NOT Rent To:		
Owners or Officers:			
(1) Name:		SSN:	
Home Address:	City:	State:	ZIP:
Home Phone:	Title:		
(2) Name:		SSN:	
Home Address:	City:	State:	ZIP:
Home Phone:	Title:		
Trade References:			
(1) Business Name:		Contact:	
Address:	Phone #:	Fax #:	
(2) Business Name:		Contact:	
Address:	Phone #:	Fax #:	
(3) Business Name:		Contact:	
Address:	Phone #:	Fax #:	
Terms of Credit:			
<p>All accounts outstanding are due and payable by you (the "Customer") to JPS Equipment Rental, LLC (the "Company") within 30 days of invoice date. All amounts not paid when due, shall accrue interest at the lesser of 2% per month, or the highest permitted by applicable law. Any account with a delinquent balance may be placed on a credit hold and Company may recover the applicable equipment or exercise such other rights or remedies that it may have under applicable laws. Preliminary lien notices and mechanics liens will be filed when necessary or required by state law. Customer shall be responsible for and agrees to pay all costs, fees, and expenses (including, but not limited to attorneys' fees) incurred by Company in enforcing these terms or collecting amounts due. This agreement shall be governed by, construed and enforced in the State of Louisiana. Any dispute or other legal action, including arbitration or litigation proceedings shall be conducted in Ouachita Parish, Louisiana unless the arbitrators identify a more suitable and agreeable venue and the Members consent to the jurisdiction and venue of any State or Federal Court located therein. The undersigned warrants that all information listed on this application is correct, has read, accepted and agrees to be personally bound by all stated terms and conditions set forth herein. The undersigned agrees and consents to allow Company to verify trade references and credit information.</p>			
Date:	Print Name: .....	<u>Signature:</u> .....	
	Title:	***Signature Required	
Personal Guarantee:			
<p>The undersigned hereby guarantees the full, prompt, and unconditional payment to Company of all amounts due under any invoice for the Customer named above when and as such amounts shall become due, and the full prompt, and unconditional performance of each and every term and condition of every transaction and agreement to be kept and performed by such Customer under such contracts or agreements with Company. This guaranty is a primary obligation of the undersigned and shall be a continuing inexhaustible guaranty without limitation as to amount or duration and may not be revoked except by notice in writing by the undersigned to an authorized officer of Company and received by Company at least thirty (30) days prior to the dates set for such revocation. No such notice shall affect the undersigned's liability under this guaranty for any contracts, agreement or other transactions entered into, made to or committed to be made to the Customer by Company occurring prior to the effective date of revocation.</p>			
Date:	Print Name: .....	<u>Signature:</u> .....	
	Title:	***Signature Required	

BOSSIER CITY, LA  
318-658-9941

ALEXANDRIA, LA  
318-704-6171

WEST MONROE, LA  
318-651-9640

EL DORADO, AR  
870-228-9680



## CREDIT CARD AUTHORIZATION FORM

### **Company Information:**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Credit Card Information:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

I am authorizing JPS Equipment Rental to charge my credit card listed above, for any charges incurred, including but not limited to all sales, rentals, repairs, deposits, insurance, delivery charges, damages, and taxes. This authorization will remain in effect for up to one year from date of signature.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Valued Customer,

Thank you for your account application with JPS Equipment Rental. Please note the following information regarding your potential account.

**Payment Terms:** Net 30 for rentals, due upon receipt for equipment sales

Payments should be mailed to **PO Box 731152, DALLAS, TX 75373-1152**

If you prefer to pay by ACH, please email [AR@jpsequips.com](mailto:AR@jpsequips.com) for an electronic payment form.

**Insurance:**

Damage waiver charges are included on all invoices unless a current insurance certificate is provided. Our contract requires specific insurance coverage for rentals. Please be sure the insurance requirements outlined below are met:

- **Rental Equipment Coverage must be separately stated. General Liability insurance does not cover rentals. JPS Equipment Rental must be named at Loss Payee.**
- **General Liability** - \$1,000,000 per Occurrence/ \$2,000,000 General Aggregate. The policy form must be a Commercial General Liability Policy. JPS Equipment Rental, its Affiliated Companies, Directors & Officers, Employees & Agents must be named as Additional Insured's on a form equivalent to ISO CG2028 (11/85) and such insurance shall be primary and non-contributory with an insurance or self-insurance carried by the Additional Insured's.
- **Automobile Liability** - \$1,000,000 Combined Single Limit. Coverage must be included for all owned and non-owned automobiles.
- Waiver of Subrogation or rights of recover in favor of Lessor.
- The Certificate Holder should read:

JPS Equipment Rental, LLC  
P.O Box 2357  
West Monroe, LA 71294

**Sales Tax:**

Sales taxes will be charged on all invoices unless an exemption, resale or direct pay permit is provided.

We appreciate your business. Thank you for choosing JPS Equipment Rental, LLC to meet your equipment needs.

Please direct any inquiries to [AR@jpsequips.com](mailto:AR@jpsequips.com).



# 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).

<b>PRODUCER</b> Agent Name: John Smith Address: 1234 Mane St City, State, Zip: West Monroe, LA Attn: Ex		<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No):	
<b>INSURED</b> Insured Name Address City, State, Zip		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Nationwide Insuring INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b>	

**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	
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		<input checked="" type="checkbox"/>	12345	01/01/1950	01/01/1951	EACH OCCURRENCE	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			12345	01/01/1950	01/01/1950	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
	<b>CONTRACTORS EQUIPMENT RENTED/LEASED EQUIPMENT</b>						<b>\$50,000 MINIMUM BUT MUST EQUAL VALUE OF EQUIPMENT ON RENT</b>	

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

Certificate Holder is provided Blanket Additional Insured with Blanket Waiver of Subrogation.

Certificate Holder is Loss Payee with respect to Rented/Leased Equipment as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

<b>JPS Equipment Rental, LLC</b> <b>P.O. Box 2357</b> <b>West Monroe, LA 71294</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
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