

**CREDIT APPLICATION**



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

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

Phone:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

Check one: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole \_\_\_\_\_ Other

Owners Name: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Business Description: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_ Yrs at Present Address: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Amt. Of Credit Requested: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Accts. Payable Contact: See Separate Form

Have you ever declared bankruptcy? \_\_\_\_\_ No If, Yes What Date: \_\_\_\_\_

**REFERENCES: IF ATTACHING CREDIT SHEET, SKIP AND SIGN BELOW**

1. Company Name: \_\_\_\_\_

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

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

2. Company Name: \_\_\_\_\_

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

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

**BANK INFORMATION:**

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

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

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

Purchases are billed after shipment. Rentals are billed when the rent is complete, or after 4 weeks long term rentals. All payment terms are 30 days from the date of the invoice. I agree to pay within these terms. Interest at the rate of 1.5% per month will be charged on all past due invoices. The purchaser also agrees to pay reasonable attorney fees and other costs during collection. The venue for any matter in dispute shall be in the County of Waukesha, the home locale of Aerial Work Platforms, Inc. We reserve the right to send out a lien notice, at our discretion, when any invoice becomes past due.

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



Articulated Booms



Scissors



Portable Aerial Work Platforms



Material Lifts



Telescopic Booms



AERIAL WORK PLATFORMS INC.

**ACCOUNTS PAYABLES SET-UP**



Articulated Booms

**CUSTOMER NAME:** \_\_\_\_\_

Accounts Payables Contact: \_\_\_\_\_

A/P Telephone Number: \_\_\_\_\_



Scissors

**How would you like to receive your invoices?**

Please select one:

- E-mail (provide e-mail address) \_\_\_\_\_
- Fax (provide fax #) \_\_\_\_\_
- Would prefer US Mail



Portable Aerial Work Platforms

**How would you like to receive your monthly statement?**

Please select one:

- E-mail (provide e-mail address) \_\_\_\_\_
- Fax (provide fax #) \_\_\_\_\_
- Would prefer US Mail
- Do not require statements



Material Lifts

**Note:** Our system does not allow to mix E-mails with Faxes or vice a versa for our invoices and statements. For now, these have to be the same choices.

Please take the time to fill out and return via mail or fax to the Sussex office please.

Thank you.



Telescopic Booms

- W230 N6080 Hi-Tech Drive • Sussex, WI 53089 • (262) 246-9300 • (800) 236-1000 • Fax (262) 246-9330
- 2380 Holly Road • Neenah, WI 54956 • (920) 749-9500 • Fax (920) 749-9600
- 3032 McCormick Drive • Janesville, WI 53546 • (608) 758-9962 • Fax (608) 758-9963

# Aerial Work Platforms, Inc.

W230 N 6080 Hi Tech Drive ~ Sussex, WI 53089 ~ PH: (262) 246-9300 ~ FX: (262) 246-9330

## CREDIT CARD AUTHORIZATION FORM

By signing this form we hereby give Aerial Work Platforms, Inc. authorization to charge the credit card for rentals and purchases.

Credit Card Number: \_\_\_\_\_ CVV # \_\_\_\_\_ Exp \_\_\_\_\_  
Credit Card Type: (Circle One)    Visa    MasterCard    American Express    Discover

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

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

Credit Card Billing Address: \_\_\_\_\_

Credit Card City, State, Zip: \_\_\_\_\_

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

Please use this credit card authorization for all future invoices:     Yes     No

**We reserve the right to charge your credit card for any outstanding invoices.**

Please fax completed Credit Card Authorization form back to (262) 246-9330. A copy of the receipt will be faxed once charges are completed. All of us here at Aerial Work Platforms, Inc. would like to thank you for your continued business.

Sincerely,



Pat Barney



**AERIAL WORK PLATFORMS INC.**



Articulated  
Booms



Scissors



Portable Aerial  
Work Platforms



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Telescopic  
Booms

Our policy is to have a current Certificate of Insurance on file for all customers.

Please forward the attached sample forms to your insurance agent to insure that **Aerial Work Platforms, Inc. is named as *Additional Insured & Loss Payee***.

If the Certificate of Insurance is not received by the time of your rental, a Damage Waiver Charge (DWC) may be assessed.

Please have your agent send or fax the forms to:

Aerial Work Platforms, Inc.  
W230 N6080 Hi Tech Drive  
Sussex, WI. 53089  
Phone: 262-246-9300  
Fax: 262-246-9330

- W230 N6080 Hi-Tech Drive • Sussex, WI 53089 • (262) 246-9300 • (800) 236-1000 • Fax (262) 246-9330
- 2380 Holly Road • Neenah, WI 54956 • (920) 749-9500 • Fax (920) 749-9600
- 3032 McCormick Drive • Janesville, WI 53546 • (608) 758-9962 • Fax (608) 758-9963



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

SAMPLE CERTIFICATE

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.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**INSURED**

Name and Address of Renter

**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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
A	<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input 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 <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT - (Each Occurrence)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input type="checkbox"/>	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY:	EA ACC \$
							AGG \$
A	<input type="checkbox"/>	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
A	<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY <input type="checkbox"/> OT H-	
						E L EACH ACCIDENT	\$
						E L DISEASE - EA EMPLOYEE	\$
						E L DISEASE - POLICY LIMIT	\$
	<input type="checkbox"/>	<b>OTHER</b>					

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

Aerial Work Platforms, Inc. is included as ADDITIONAL INSURED-Lessor of Leased Equipment on the General Liability policy.

**CERTIFICATE HOLDER**

Aerial Work Platforms, Inc.  
 W230 N6080 Hi Tech Drive  
 Sussex, WI 53089

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 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



# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY Sample Certificate	PHONE (A/C, No, Ext):	COMPANY		
FAX (A/C, No):	E-MAIL ADDRESS:			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
INSURED  Name & Address of Renter	LOAN NUMBER	POLICY NUMBER		
	EFFECTIVE DATE	EXPIRATION DATE	CONTINUED UNTIL TERMINATED IF CHECKED <input type="checkbox"/>	
	THIS REPLACES PRIOR EVIDENCE DATED:			

## PROPERTY INFORMATION

LOCATION/DESCRIPTION Renter Location
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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 EVIDENCE OF PROPERTY INSURANCE 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.

## COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Personal Property or Contractors Equipment Replacement Cost Coverage included for Rented Equipment		

## REMARKS (Including Special Conditions)

Aerial Work Platforms, Inc. is included as LOSS PAYEE for equipment rented to named insured.

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

## ADDITIONAL INTEREST

NAME AND ADDRESS Aerial Work Platforms, Inc. W230 N6080 Hi Tech Drive Sussex, WI 53089	<input type="checkbox"/>	MORTGAGEE	<input type="checkbox"/>	ADDITIONAL INSURED
	<input checked="" type="checkbox"/>	LOSS PAYEE	<input type="checkbox"/>	
LOAN #				
AUTHORIZED REPRESENTATIVE				