



# ATTENTION

**THIS CREDIT APPLICATION IS TO BE FILLED OUT IN ITS ENTIRETY AND MAILED OR FAXED BACK TO ATTENTION: ACCOUNTING DEPT.**

THANK YOU.

SEND TO: [AR.METRO@METROBOBCAT.COM](mailto:AR.METRO@METROBOBCAT.COM) or fax to 443-398-8329

VISIT US ON THE WEB: [WWW.METROBOBCAT.COM](http://WWW.METROBOBCAT.COM)

**METRO BOBCAT, INC.  
33 W. OLD LIBERTY ROAD  
ELDERSBURG, MD 21784  
410-795-1500~ 443-398-8329-fax**

Dear Valued Customer,

Enclosed is a credit application package that needs to be completed in its entirety. Also, please be sure to check off one of the options below as well as provide a date and signature regardless of your decision.

In addition to completing this necessary paperwork we are also requesting that you alert your Insurance Broker for a Certificate of Insurance. We have included a SAMPLE CERTIFICATE that shows word for word the information we must have to open a rental account. If you choose to contact your agent directly, please provide them with this sample certificate.

This Certificate of Insurance is not necessary if you only plan on purchasing parts and/or bringing your equipment in for repairs.

If you should have any questions or need help in completing the following forms please feel free to call us.

Sincerely,  
Metro Bobcat, Inc.

(Please choose from one of the following options.)

**NO, I DO NOT WISH TO OPEN A RENTAL ACCOUNT AT THIS TIME.**

**OR**

**YES, I WOULD LIKE TO OPEN A RENTAL ACCOUNT. I WILL CONTACT MY AGENT.**

**MY AGENT IS** \_\_\_\_\_ **WITH** \_\_\_\_\_  
(NAME) (COMPANY)

**THEIR PHONE # IS:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**METRO BOBCAT, INC.**  
33 W. Old Liberty Road  
Eldersburg, MD 21784  
(410) 795-1500~ fax (443)398-8329

**CREDIT  
APPLICATION  
FOR  
METRO BOBCAT, INC.**

**METRO BOBCAT, INC.**  
7002 Marlboro Pike  
Forestville, MD 20747  
(301) 568-1104, fax (301) 568-1240

**NAME OF ACCOUNT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**TYPE OF ORGANIZATION:** \_\_\_ SOLE PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_ CORPORATION STATE: \_\_\_\_\_

(Spouses name of sole proprietor \_\_\_\_\_) Fed I.D. or Home Improvement License #: \_\_\_\_\_

Length of time in business \_\_\_\_\_ Occupation/Type of business \_\_\_\_\_

Tax Exempt: Y N (If not in Maryland, please specify \_\_\_\_\_) Tax Exempt #: \_\_\_\_\_

(Exemption certificate must be included with this application. Without certificate, Maryland sales tax will be applied)

Will a purchase order be required: Y N Will there be any other requirements while ordering? \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ A/P Contact Phone Number: \_\_\_\_\_

EMAIL: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_

**TRADE REFERENCES: (Sub Contractor work is not applicable)**

<u>Company Name</u>	<u>Phone #/Fax#/Email</u>	<u>Account #</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**BANK REFERENCE: (Please sign terms of payment for bank to release financial information)**

**BANK:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ Checking Savings Loan (please circle)

**TERMS OF PAYMENT:** Payments are due 30 days from billing date; On accounts not paid within thirty (30) days of the billing date, a service charge of one and one-half (1 ½) percent per month will accrue (APR 18%); if the account is referred to an attorney for collection, the account holder agrees to pay all costs of the collection including reasonable attorney fees of not less than 40% of the outstanding balance; if the applicant is a corporation, the officers personally guarantee payment of this account. By signing these terms of payment, it is also acknowledged that authorization for the above named bank may release financial information to Metro Bobcat, Inc. on our behalf.

\_\_\_\_\_  
Print Name Signature Date

**PERSONAL GUARANTEE (To be signed by officers of the company only)**

In consideration of your extending credit to the applicant herein on an open account for the sale and delivery of merchandise and/or services to the applicant, we, the undersigned do hereby individually, personally, jointly and severally guarantee payment to Metro Bobcat, Inc.; its successors and assigns, of all amounts which may become due by reason of this account, including interest, attorney fees and costs. This indebtedness, or renewals or extensions thereof granted by the creditor, and be revoked only by the express written notice of revocation to Metro Bobcat, Inc. by certified mail, and also grants Metro Bobcat, Inc. the right to check any factors pertinent to a fair evaluation of establishing credit. This Guarantee is being executed in our individual capacities and not in any official capacity with the above firm. In the event of default payment, we shall be liable for attorney fees of not less than 40% of the outstanding balance, plus court costs and all other costs of litigation, including but not limited to costs of service of process, deposition, and duplicating.

\_\_\_\_\_  
Printed Officers Name Signature Social Security # Date

\_\_\_\_\_  
Printed Officers Name Signature Social Security # Date

# **METRO BOBCAT, INC.**

## **AUTHORIZATION OF INFORMATION**

I hereby authorize the release of information to Metro Bobcat, Inc. to be used for the sole purpose of establishing credit with their corporation. Any information pertaining to sales, credit, payment or loan history may be freely communicated with their company.

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Company Name

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Signature, Title

Date

YOUR *INSURANCE* AGENT  
ADDRESS & PHONE NUMBER

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.

COMPANIES AFFORDING COVERAGE

COMPANY  
A Insurance Company Name

INSURED

COMPANY.  
B

YOUR COMPANY NAME, ADDRESS &  
TELEPHONE NUMBER

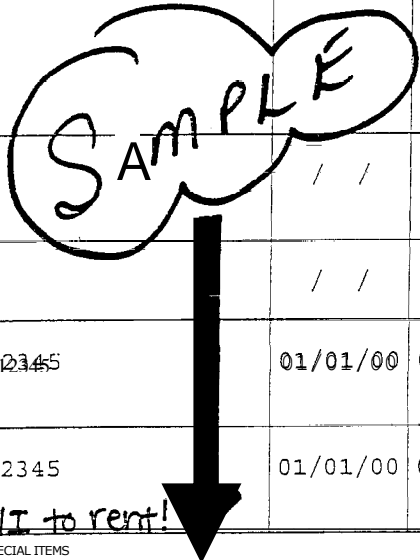
COMPANY  
C

COMPANY  
D

COVERAGES :

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE / <input checked="" type="checkbox"/> / OCCUR OWNER'S & CONTRACTOR'S PROT	12345	01/01/00	01/01/00	GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGO \$2000000 PERSONAL & ADV INJURY \$1000000 EACH OCCURRENCE \$100000 FIRE DAMAGE (Any one fire) \$ 50000 s 5000 MED EXP (Any one person)
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	12345	01/01/00	01/01/00	COMBINED SINGLE LIMIT BODILY INJURY \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ AUTOCOMM - EACH ACCIDENT \$ OTHER THAN AUTOCOMM: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	GARAGE LIABILITY ANY AUTO		/ /	/ /	EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> INCL (SYM)	12345	01/01/00	01/01/00	X WC STATUTORY LIMITS X OTHER ELECTED \$100 000 EACH ACCIDENT \$
	OTHER	12345	01/01/00	01/01/00	Leased, Rented, Borrowed, Per Item Rented Equipment



**Must have an C/I to rent!**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder is an Additional insured with respect to the General Liability.  
Certificate Holder is also an Additional Insured and Loss Payee with respect to Leased, Rented and Borrowed Equipment coverage.

CERTIFICATE HOLDER

Metro Bobcat, Inc.  
Attn: Accounting Department  
33 W. Old Liberty Road  
Eldersburg, MD 21784

Cancellation

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**THIS CERTIFICATE NEEDS TO SHOW THE FOLLOWING COVERAGES:**

GENERAL LIABILITY, AUTOMOBILE, EXCESS OR UMBRELLA LIABILITY IF APPLICABLE.  
METRO RENTALS TO BE NAMED AS ADDITIONAL INSURED ON THE G/L AND LOSS PAYEE WITH RESPECT TO LEASED, RENTED AND BORROWED EQUIPMENT.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL ME AT (301) 840-9300.  
THANK YOU.