

CUSTOMER INFORMATION

LEGAL COMPANY NAME IN FULL		PLEASE PRINT OR TYPE		DATE OF APPLICATION	
				MM	DD YY
TRADE NAME SAME <input type="checkbox"/> OR				<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
ADDRESS	STREET	UNIT NO.	CITY	PROVINCE	POSTAL CODE
NOTE IF P.O. BOX ABOVE PLEASE FILL IN ACTUAL LOCATION ADDRESS			TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)	
EMAIL	WEB ADDRESS		CELL NO.		

TYPE OF BUSINESS

<input type="checkbox"/> HOMEBUILDER (HB)	<input type="checkbox"/> HEATING / AIR CONDITIONING / REFRIGERATION (HTG)	<input type="checkbox"/> PROPERTY MAINTENANCE / MANAGEMENT (PM)	<input type="checkbox"/> INDUSTRIAL / COMMERCIAL BUILDER (ICB)	<input type="checkbox"/> ELEVATOR/INSTALLATION/ REPAIR (ELV)	
<input type="checkbox"/> PLUMBING (PLB)	<input type="checkbox"/> MANUFACTURING (MAN)	<input type="checkbox"/> GENERAL CONTRACTOR (GEN)	<input type="checkbox"/> MECHANICAL (MEC)	<input type="checkbox"/> DEMOLITION (DEM)	
<input type="checkbox"/> RENOVATOR (REN)	<input type="checkbox"/> ELECTRICAL (ELE)	<input type="checkbox"/> LANDSCAPING (LAN)	<input type="checkbox"/> DEVELOPER (DEV)	<input type="checkbox"/> OTHER _____	
NUMBER OF EMPLOYEES _____		ESTIMATED ANNUAL RENTAL VOLUME \$ _____	DATE OF REGISTRATION/INCORPORATION MM DD YY		

PRINCIPALS

CONTACTS

NAME IN FULL		<input type="checkbox"/> PARTNER <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> SIGNING OFFICER		FINANCE / ADMINISTRATION _____ ACCOUNTS PAYABLE _____ PURCHASING _____ PROJECT / JOB MANAGER _____
RESIDENTIAL ADDRESS	CITY	POSTAL CODE		
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)			
NAME IN FULL		<input type="checkbox"/> PARTNER <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> SIGNING OFFICER		
RESIDENTIAL ADDRESS	CITY	POSTAL CODE		
DRIVERS LICENSE NUMBER	TEL. NO. (INCL. AREA CODE)			

RENTAL INSTRUCTIONS (SEE SEC. 4 ON REVERSE)

<input type="checkbox"/> OBTAIN WRITTEN P.O. ONLY	<input type="checkbox"/> SHOW JOB SITE ON INVOICE	<input type="checkbox"/> RENT ONLY TO _____
<input type="checkbox"/> PHONE OFFICE FOR AUTHORIZATION AND/OR P.O.		
<input type="checkbox"/> OTHER INSTRUCTIONS (SPECIFY) _____		

BANK REFERENCE

NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	ACCOUNT NO.

LIST **THREE** REFERENCES YOU HAVE ESTABLISHED CREDIT WITH
 THIS REFERENCE SECTION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION WITHOUT DELAY

COMPANY NAME	ADDRESS	TEL. NO. (INCL. AREA CODE)	FAX NO. (INCL. AREA CODE)
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I hereby represent that I am authorized to submit the application for credit on behalf of the customer named above. I/we hereby authorize Stephenson's Rental Services Inc. to investigate references listed pertaining to my/our credit and financial responsibility.

I, the undersigned (A) certify all the information provided to be true & complete, (B) Authorize and consent to the provision of account information and credit information from and to Credit Grantors, Credit Bureaus, and Suppliers of Service, (C) acknowledge and agree to abide by the terms and conditions set out on the reverse side of this application for credit.

TERMS AND CONDITIONS GOVERNING USE OF CHARGE ACCOUNT

In consideration for granting credit by Stephenson's Rental Services Inc. (hereinafter referred to as "Stephenson's") to the Applicant for credit (hereinafter referred to as "Applicant") the Applicant specified in this Application for Credit and Stephenson's covenant, promise and agree as follows:

1. The Applicant agrees to be fully responsible and liable for all use made of the Applicant's account with Stephenson's by any agent or representative of the Applicant and to abide by the terms and conditions specified by Stephenson's Rental Contracts as they may appear from time to time.

2. The Applicant agrees to pay interest on its account with Stephenson's when overdue at the rate of 1% per month. Unless otherwise specified, the Applicant's account shall be considered overdue unless paid on or before the 31st day following the date of each Invoice to be sent by Stephenson's to the Applicant at the Applicant's address specified in this Application for Credit. The Applicant further agrees to pay the full balance owing on its account including applicable interest charges upon written notice by Stephenson's requiring same to be sent by Stephenson's to the applicant to the Applicant's address specified in this Application for Credit.

3. The Applicant agrees should Stephenson's have to retain solicitors to collect the outstanding balance of the Applicant's account, in order to contribute to Stephenson's costs in that regard, and exclusive of any costs which may be awarded to Stephenson's in any court of competent jurisdiction, to pay to Stephenson's in addition to the outstanding balance due on account a sum equal to the greater of \$100.00 or 5 per cent of the outstanding balance due on account.

4. It is understood and agreed that while every effort will be made by Stephenson's to obtain the requisite authorization at the time an order is taken, Stephenson's shall at all times be entitled, in accordance with the terms and conditions set forth on the reverse hereof, to collect all debts in respect of rentals or sales to the Applicant made in the normal course of business, notwithstanding failure to receive the requisite authorization and, in addition, Stephenson's shall not be liable for loss or damages, direct or indirect, consequential or otherwise in the event such authorization is not obtained.

FOR HEAD OFFICE USE ONLY

SALESMAN _____	COLLECTOR _____
SALESMAN CODE _____	COLLECTOR CODE _____
PRICE LIST # _____	CREDIT LIMIT \$ _____
F.P.U. DELIVERY YES <input type="checkbox"/> NO <input type="checkbox"/>	CUSTOMER CODE _____
GEN. MGR. APP. _____	APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/>
V.P. SALES APP. _____	MGR. CREDIT/COLLECT. APP. _____
	MM DD YY

LOSS DAMAGE WAIVER

WHY YOU MAY NEED IT:

There are many reasons why you should consider accepting the *loss damage waiver option*, (the "LDW option"):

- Peace of mind that you are covered. Most insurance policies do not cover rental equipment.
- Cost certainty on your jobs. No unexpected expenses due to theft or damage.
- Reduce costly increases in insurance premiums and the need to claim under your insurance policy.
- No need to contact your insurance broker with equipment change notices.
- The ability to rent equipment with a retail value greater than \$10,000 without having to provide proof of insurance.

WHAT IS COVERED:

If you accept the LDW option and pay the associated fee, Stephenson's Rental Services Inc. ("Stephenson's") will relinquish its right to recover from you the cost of repairing or replacing equipment damaged due to theft or accident under the following circumstances:

1. Damage due to collision, lightning, windstorm, hail, aircraft, smoke, flood, explosion, earthquake, riot, riot attending a strike, civic commotion, stranding, sinking, burning or collision of vessels, or collapse of bridges or culverts, as long as reasonable efforts were made to prevent such damage and provided that the damage was not caused by your negligence.
2. Theft of equipment from a locked and secured premises, provided that a police report is filed no later than the first working day following the theft and provided that a copy of the police report is supplied to Stephenson's within 3 business days of the theft.
3. Theft of equipment that cannot be stored as outlined in paragraph 2 above, provided that reasonable security precautions have been taken to secure the equipment, such as securing the equipment to something permanent with a heavy-duty chain and a heavy-duty padlock. The same police occurrence report procedures as outlined in paragraph 2 above, apply.

WHAT IS NOT COVERED:

The LDW option does not cover loss or damage from acts or omissions that are negligent. Examples of items that are NOT COVERED include, but are not limited to:

1. Equipment that has disappeared under suspicious or mysterious circumstances.
2. Loss where reasonable security precautions were not taken, such as

- equipment left unsupervised, unsecured overnight, in a parked motor vehicle (whether it was operative or being used for storage).
3. Loss or damage caused by or due to employee, sub-trade or agent infidelity.
4. Damage caused by improper operation or servicing of the equipment, including, but not limited to, overloading, exceeding rated capacities, improper use, negligent operation, damage caused by: lack of fuel or lubrication, failure to maintain proper oil, water, hydraulic or air pressure levels, low voltage, or the use of inappropriate extension cords (either too long or too light).
5. Damage to expected wear items, including but not limited to, carbide and diamond drills, carbide and diamond blades, carbide bits or cutters, hammers, or breaker tools.
6. Damage to tires or tubes.
7. Damage to equipment while in transit, including but not limited to, damage caused by overturning, or collisions with bridges or overpasses. Any such damage must be covered/claimed under the insurance policy for the transport vehicle.
8. Damage to equipment caused by operators of other moving vehicles or other equipment. Any such damage must be covered/claimed under the insurance policy for the other vehicle or equipment.
9. Damage to equipment while it is in the custody of your employees or agents, for their personal use (i.e., the equipment is not being used at the job site identified on the rental agreement).
10. Damage caused by use or operation of the equipment in violation of the rental agreement, construction safety acts, national building codes, or any applicable laws or regulations.
11. Cleaning charges.
12. Loss or damage exceeding \$100,000.00 CAD less the deductible as outlined below.

COST, DEDUCTIBLE AND OBLIGATIONS:

1. **Cost - 15% of the rental price**
2. Deductible - \$500 or 15% of the retail price of the equipment, whichever is greater, for each piece of lost or damaged equipment.
3. Obligations:
 - a. for theft of equipment from a locked and secured premises, a police report must be filed no later than the first business day following the theft and a copy of the police report must be provided to Stephenson's within 3 business days of the theft;
 - b. for theft of equipment that cannot be stored in locked and secured premises, proof must be provided to Stephenson's of the security precautions taken to prevent the theft and a copy of the police report must be provided within 3 business days of the theft.
4. All questions of fact relating to the cause of the loss or damage will be determined by Stephenson's in its sole discretion.

LOSS DAMAGE WAIVER

I have read and understand Stephenson's Rental Services Inc.'s Loss Damage Waiver, ("LDW"), policy and acknowledge that there is a 15% charge for this protection on all rental contracts for all equipment for which the LDW is applicable and wish to:

- Please check (✓) one:
- () ACCEPT the LDW option and will advise in writing of any changes in status.
- () DECLINE the LDW option (Proof of Insurance attached)

(PLEASE BE AWARE THAT EQUIPMENT WITH A RETAIL VALUE OVER \$10,000 WILL NOT BE RENTED WITHOUT EITHER ACCEPTING THE LDW OPTION OR PROOF OF ADEQUATE INSURANCE COVERAGE)

Customer Number: _____

Company Name: _____

Authorized Signature: _____

Title: _____

Date: _____

Please forward this form to form to **The Credit Department** by fax at (905)568-0816. If you have any questions, please contact Head Office at **(905) 507-3650** or toll free at **1-877-771-RENT**.

PROOF OF INSURANCE INFORMATION/AUTHORIZATION FORM

Dear Sir/Madam:

As a user of Stephenson's equipment, we require that adequate insurance coverage is maintained when renting equipment with a retail value greater than \$10,000. Stephenson's does provide a **Loss Damage Waiver (LDW)** that provides coverage up to \$100K (*See Loss Damage Waiver Form for details*). If you don't wish to exercise this option and have your own insurance coverage that covers rented equipment, we will require your insurance information to be forwarded to our office in order to avoid any disruption to your business.

Have your insurance broker or insurer forward to us an endorsement to your policy, confirming the following:

- 1) **Insured:** The Name, Policy Number and Date of Expiry.
- 2) **General Liability:** The minimum acceptable coverage is \$1,000,000. Inclusive of bodily injury and property damage, per occurrence.
- 3) **Contractors Equipment All-Risk Physical Damage:** There should be coverage to the full purchase value of the equipment with the deductible not to exceed 1%.
- 4) **Automobile Liability:** This section is applicable to licensed vehicles. The minimum acceptable coverage is \$1,000,000 inclusive limits for bodily injury and property damage, per occurrence.
- 5) **Additional Named Insured and Loss Payee:** Only with respect to the machinery supplied by us, arising out of the Named Insured's operations, Stephenson's Rental Services Inc. is added to the policy as an **ADDITIONAL NAMED INSURED AND LOSS PAYEE**.
- 6) **Notification:** Stephenson's Rental Services Inc. will be notified 30 days prior to the cancellation of any of the above policies, or alteration in such a manner as to affect this certificate.

By providing this information, we will be able to respond to your needs in a much more efficient manner and will avoid any misunderstanding, should a loss occur.

AGENCY: _____

ADDRESS: _____

INS. COMPANY _____ POLICY# _____ EXPIRES ___/___/___

PHONE: _____ FAX: _____

You are hereby authorized to contact my agent / broker to verify insurance coverage.

DATE: _____ CUSTOMER: _____

PER: _____

TITLE: _____