



FIND WHAT YOU NEED!
R&R RENTALS

Serving Homeowners and Contractors Since 2002

BELLEVUE 425.822.4001 • RENTON 425.227.8155 • NORTH BEND 425.888.1111

CREDIT APPLICATION

Company Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

AP Contact: _____ Phone: _____ Fax: _____

Business Type (check one): Corporation Partnership Sole Proprietor LLC Joint Venture Government Non-Profit

How long in business: _____ Business Description: _____

Contractor's License # _____ Expiration Date _____ Bonding Company _____

Purchase Order Required: Yes ___ No ___ Other Requirements: _____ Tax Exempt: Yes (must attach resale certificate) ___ No ___

Do you want to purchase Equipment Protection Plan (EPP)? Yes ___ No (must attach insurance certificate) ___

Principle owner, officers, stockholders and/or directors: (must have social security no., if sole proprietor or partnership)

Name: _____ Title: _____ Social Security #: _____

Home Address: _____ Phone: _____

Name: _____ Title: _____ Social Security #: _____

Home Address: _____ Phone: _____

Federal Taxpayer ID #: _____ Date & State Incorporated: _____ Yrs. in Business: _____

Business Trade Credit References: (Please include the area code in all phone numbers)

Company: _____ Company: _____ Company: _____

Account #: _____ Account #: _____ Account #: _____

City/State: _____ City/State: _____ City/State: _____

Contact: _____ Contact: _____ Contact: _____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

Bank: _____ Branch: _____ Contact: _____

Account Number: _____ Phone: _____

Remit to: R&R Group LLC - 10920 Northup Way - Bellevue, WA 98004
Phone 425.822.4001 Fax 425.284.2496



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AUTHORIZED LIST:

Please list names of those employees who will be authorized to charge on this account. If these names change, please notify us immediately, otherwise **ALL** charges will apply.

ACCOUNT AGREEMENT AND TERMS:

If credit is granted, I (we) promise to pay each invoice within thirty days. If this account is not paid as agreed, a delinquency charge shall be computed at the rate of 1½% on any amount which is thirty-one (31) days and older. In the event payment is not made and my (our) account is referred to a collection agency, I (we) will pay reasonable collection's/attorney's fees resulting from such action.

You are authorized to contact any or all of the above references regarding our credit standing. I/we have read the above terms and conditions and agree to abide by them.

Business Name: _____

Print Authorized Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Print Authorized Name: _____ Title: _____

Authorized Signature: _____ Date: _____

PERSONAL GUARANTEE (if requested):

I/we hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that the credit would not be extended to said applicant without this personal guarantee.

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Credit Department Use Only:

Date Approved: _____ Manager's Signature: _____

Customer #: _____ Credit limit: _____ Type of Account: _____

Notes: _____



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To whom it may concern,

Our rental agreement requires that you carry specific insurance coverages, evidenced by a Certificate of Insurance. Please be sure that the insurance requirements outlined in the rental agreement are met as indicted below:

- A. General Liability - \$1,000,000 Each Occurrence. The policy form must be a Commercial General Liability policy. Coverage must include an Additional Insured Endorsement (form CG 20 280) which names R&R Rentals as Additional Insureds. The endorsement must be attached to the Certificate of Insurance.
- B. Workers Compensation and Employers Liability – Employers Liability limit must be \$1,000,000.
- C. Equipment Insurance – Evidence of equipment coverage in an amount not less than the full replacement value of the equipment rented. R&R Rentals must be included as Loss Payee with regard to any equipment damage.
- D. All certificates must provide thirty days prior written notice of cancellation. The words “endeavor to” and “but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives” should be stricken from the certificate.

If you have any questions, please feel free to give us a call at (425) 822-4001.