

METRO BOBCAT, INC.
8250 BEECHCRAFT AVENUE
GAITHERSBURG, MARYLAND 20879-1587
301-840-9300, 301-840-0521 (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 ON THE LAST PAGE** 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 necessary ONLY if you plan on renting equipment. It is not necessary to purchase parts and/or equipment 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.

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

OR

YES, I WOULD LIKE YOU TO CALL MY AGENT DIRECTLY.

AGENCY:

AGENT NAME:

AGENT PHONE #:

FAX #:

SIGNATURE:

DATE
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METRO BOBCAT, INC.
8250 Beechcraft Avenue
Gaithersburg, MD 20879
(301) 840-9300, fax (301) 840-0521

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

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

METRO BOBCAT, INC.
33 West Old Liberty Rd - COMING SOON
Eldersburg, MD 21784

METRO BOBCAT, INC.
11000 Pulaski Highway
White Marsh, MD 21162
(410) 483-0600, fax (410) 483-7095

NAME OF ACCOUNT:

DATE"
*o o f f k { { { #

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: NO YES (specify state)

Tax Exempt #:

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

Will a purchase order be required: YES NO

Will there be any other requirements while ordering?

TRADE REFERENCES: (Sub Contractor work is not applicable)

	<u>Company Name</u>	<u>Phone #</u>	<u>Fax #</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 COMPLETE THIS PAGE AND ATTACH DIGITAL SIGNATURES OR PRINT AND RETURN IT TO US BY FAX# (301)-840-0521

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.

Name

Signature

Date"o f f l { { { +

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.	
<hr/>	
Company Name	
<hr/>	
Signature, Title	Date"o f f l { { { +

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"o f f l { { { +

Printed Officers Name

Signature

Social Security #

Date"o f f l { { { +

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

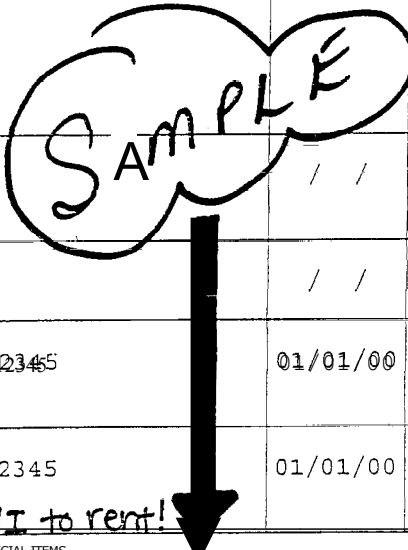
COMPANY
C

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 MED EXP (Any one person) \$ 5000
	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 \$
	GARAGE LIABILITY ANY AUTO		/ /	/ /	AGGREGATE OTHER THAN AUTOMOBILE: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> INCL	12345	01/01/00	01/01/00	EACH OCCURRENCE \$ AGGREGATE \$ WC STATUS: <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> EACH ACCIDENT \$100 000
	OTHER	12345	01/01/00	01/01/00	Leased, Rented, Borrowed, Equipment \$ - Free Value Per Item Rented



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
8250 Beechcraft Ave
Gaithersburg MD 20879

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 BOBCAT, INC. 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.