



**Commercial Account  
Credit Application**

email completed application to:  
[credit.collection@nescorentals.com](mailto:credit.collection@nescorentals.com)

260.353.1684



# COMMERCIAL ACCOUNT CREDIT APPLICATION

Corporate Headquarters  
6714 Pointe Inverness Way I Suite 220  
Fort Wayne, IN 46804

800.252.0043  
www.nescospecialty.com

### Application Type:

New Customer  New Bill To

### Requesting:

Credit Card Only  Open Account

*\*Open Account is based on being qualified by the credit department*

Limit Requesting \_\_\_\_\_

### NESCO Division:

T&D  RAIL  LIGHT & SIGN  TELECOM  UEO  NESCO Renta

Sales Manager \_\_\_\_\_ Inside Sales Manger \_\_\_\_\_ Rental Rate \_\_\_\_\_

## Section I: General Information

\*Business Legal Name: \_\_\_\_\_

Business Name (if different): \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State/Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ \*Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing Contact Phone/Fax: \_\_\_\_\_

\*Accounting Contact: \_\_\_\_\_ Email: \_\_\_\_\_

\*Accounting Phone #: \_\_\_\_\_

Accounting Fax #: \_\_\_\_\_ Do you wish to receive NESCO's Catalog and other product updates? Y/N \_\_\_\_\_

Equipment Location: \_\_\_\_\_

Nature of business and use of equipment: \_\_\_\_\_ US DOT # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Duns # \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

How Long in Business: \_\_\_\_\_ Will account be Tax Exempt?: \_\_\_\_\_ \*If yes, please provide form or fill out below form.

Partnership  Corporation  LLC  Sole Proprietor  Other

## Section II: Parent Company Information (If Applicable)

Legal Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Additional Information: \_\_\_\_\_



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### Section III: Principals or Owners of Business

*Name: _____	Name: _____
*Title: _____	Title: _____
Social Security #: _____	Social Security #: _____
Home Address: _____	Home Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____	Home Phone: _____
Mobile _____	Mobile _____

### Section IV: Bank References

\*Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Bank Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Open Date: \_\_\_\_\_ Line of Credit Established: \_\_\_\_\_ Average Balance: \_\_\_\_\_

Checking Account No: \_\_\_\_\_

Savings Account No: \_\_\_\_\_

Loans (S) Account No: \_\_\_\_\_

Other Account No: \_\_\_\_\_

### Section V: Major Trade References - Past Two Years (3 required)

**\*Must have email or fax numbers**

Company Name	Email Address	Phone	Fax

Have you given any of the above a personal guarantee? If so, to whom? \_\_\_\_\_



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## Section VI: Account Information

Are Purchase Orders Required? \_\_\_\_\_

Do you wish to receive account statements? \_\_\_\_\_

If emailed: \_\_\_\_\_

Do you want your invoices emailed or mailed? \_\_\_\_\_

If emailed: \_\_\_\_\_

How do you like to be contacted about past due?

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Any requirements needed on invoices? \_\_\_\_\_

Additional information? \_\_\_\_\_

## Section VII: Release

To whom this may concern: This will be your authority and my request for you to release any information requested concerning personal or company credit information / ratings by telephone or fax to NESCO, LLC or any of its assignees. To the best of my knowledge, all information contained herein is accurate and true.

Must be Signed \_\_\_\_\_

Name Printed \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_

\*(Signature of purchaser or authorized agent) Can't be typed unless PDF signature stamped.



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## Personal Guarantee

Applicant agrees to pay invoices in accordance with "Due Upon Receipt" terms of NESCO, LLC for open accounts and equipment rentals. Applicant agrees to pay finance charge of 1.5% per month (18% per annum) on all past due accounts. In the event NESCO is required to begin collection efforts on a past due account. Applicant agrees to pay NESCO for NESCO's actual and reasonable collection costs, court costs, and attorney's fees. THE UNDERSIGNED REPRESENTATIVE OF THE APPLICANT PERSONALLY AND UNCONDITIONALLY GUARANTEES PAYMENT OF APPLICANTS ACCOUNTS INCURRED WITH NESCO SUBSEQUENT TO THE DATE OF THIS APPLICATION. THIS GUARANTY SHALL CONTIUNE UNTIL SUCH TIME AS WRITTEN NOTICE OF REVOCATIONIS PROVIDED TO NESCO. SUCH REVOCATION SHALL BE EFFECTIVE ONLY FOR NEW TRANSACTIONS OF APPLICANT DATED AFTER SUCH NOTICE. Applicant and the undersigned guarantor hereby submit to the exclusive jurisdiction of the State of Indiana, agree that proper venue for any action under this Application or on a past due account shall be in Wells County, Indiana, and agree that they may be served at the address listed about by certified mailor by leaving a copy of the summons and complaint at such address, unless another address for service of process is provided in writing to NESCO.

### Authorized Signature of Principal(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Title

\_\_\_\_\_  
% Ownership

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
Date of Birth: Authorized Signatory

### Authorized Signature of Principal(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Title

\_\_\_\_\_  
% Ownership

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Driver's License

\_\_\_\_\_  
Date of Birth: Authorized Signatory



## ***Rental Requirements***

### **Credit Card Agreement or Wire Transfer**

- All New Customers are required to pay first payment upfront.
- A check sent via overnight is also sufficient.

Address: 6714 Pointe Inverness Way, Ste 220, Ft. Wayne, IN 46804

### **Insurance Certificate**

- Minimum coverage requested. See additional documentation.
- NESCO, LLC does NOT offer insurance coverage for the rental.

### **Commonly Missed Items**

- **Additional Insured:** Certificate holder is additional insured for General Liability, Auto Liability, Umbrella and noncontributory coverage's applies.
- **Waiver of Subrogation:** Waiver of Subrogation under GL, Auto & Workers Compensation favoring certificate holder.
- **Loss Payee:** NESCO, LLC is listed as loss payee for the equipment rented. Contractors Equipment Income Coverage must be included.

### **Rental/Lease Agreement**

- NESCO LLC will email/fax over a lease that will need to be signed & sent back immediately.

### **IFTA Compliance Requirements**

- NESCO LLC will need a copy of your IFTA license on file.
- If you use Nesco's IFTA license you are required to send to NESCO LLC, on a regular basis, your trip reports accounting for miles driven along with your fuel receipts.
- Questions regarding IFTA reporting are to be directed to the following email address:

[kathy.heckber@nescorentals.com](mailto:kathy.heckber@nescorentals.com)

#### **DOT NUMBER**

- It is the responsibility of the Renter to use their own DOT number on rented equipment. Once equipment is in the possession of the renter, NESCO's DOT Number cannot be used.

## **Lease Agreement**

### **Billing Cycle:**

- Rentals are on a 28 day monthly billing cycle
- **All rentals are billed at the START of the rental term.**

### **NESCO LLC will offrent/end the rental of a unit on:**

- The day the customer returns it to one of our locations
- The day the customers calls to return it & pays for our transportation service to get it back to one of our locations.
- **A unit is returned with major damage will remain on rent until it is repaired.**

### **Usage Limit**

- Rentals are limited to 1,000 miles or 200 hours a month
- Overage charges are billed at \$0.25/mile



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## **SALES & USE TAX RESALE CERTIFICATE**

My company is exempt from sales tax:

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

Yes

No

*\*If yes the below sales tax exempt form will need fill out or your exemption form will need to be supplied before product can be shipped.*

If your company is part of the following please let us know.

Direct Pay Permit

Dealer's License

Governmental Exemption

Other (Specify) \_\_\_\_\_

Motor Vehicle Rental Exemption





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The following are instructions to send funds to NESCO, LLC based on what terms were approved.

### **OUR FINANCIAL INSTITUTION:**

**Wells Fargo Bank, N.A.  
420 Montgomery Street  
San Francisco, CA 94101**

### **WIRE / ACH**

ABA Routing #: 121000248

Account #: 4122113962

Beneficiary: NESCO, LLC

*Please send remittance details to*

*remits@nescorentals.com*

*See instructions for details.*

### **MAIL CHECK TO LOCKBOX**

NESCO, LLC

#774121

4121 Solutions Center

Chicago, IL 60677-4001

### **CREDIT CARD**

Call 260-824-7135

OR

Send email to [remits@nescorentals.com](mailto:remits@nescorentals.com)

*Credit Card Agreement form is needed  
on file for us to run credit cards.*

*Otherwise, invoices can be paid on  
Versapay with credit card by customer.*

*Contact us for link to sign up.*

### **OVERNIGHT ADDRESS**

NESCO, LLC

Attn: LBX 774121

350 East Devon Avenue

Itasca, IL 60143



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## UNIFORM SALES & USE TAX EXEMPTION/RESALE CERTIFICATE —MULTIJURISDICTION

### SALES & USE TAX RESALE CERTIFICATE

TO COMPLY WITH SALES AND USE TAX RULES AND REGULATIONS, WE ARE REQUIRED TO OBTAIN ALL OUR CUSTOMERS A SIGNED RESALE CERTIFICATE. PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THE FORM WITH YOUR SALES TAX PERMIT NUMBER(S). IF WE DO NOT RECEIVE A VALID RESALE CERTIFICATE, SALES TAX WILL BE CHARGED AS REQUIRED BY STATE LAW.

The below-listed states have indicated that this certificate is acceptable as a resale/exemption certificate for sales and use tax, subject to the notes on pages 2–4. The issuer and the recipient have the responsibility to determine the proper use of this certificate under applicable laws in each state, as these may change from time to time.

I certify that:

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

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

\_\_\_\_\_

\_\_\_\_\_

I INTEND THIS TO SERVE AS A:

- BLANKET CERTIFICATE     \*I AM A REGISTERED:     Wholesaler     Lessor  
 SINGLE PURCHASE CERTIFICATE     Retailer     Seller (California)  
 Manufacturer     Other (Specify) \_\_\_\_\_

I CERTIFY THAT I HOLD A VALID RESALE CERTIFICATE IN THE FOLLOWING STATES FOR THE COMPANY NAMED ABOVE:

Description of Business: \_\_\_\_\_

General description of tangible property or taxable services to be purchased from the Seller: \_\_\_\_\_

*State	*State Registration, Seller's Permit, or ID Number of Purchaser	State	State Registration, Seller's Permit, or ID Number of Purchaser
AL1		MO16	
AR		NE17	
AZ2		NV	
CA3		NJ	
CO4		NM4,18	
CT5		NC19	
DC6		ND	
FL7		OH20	
GA8		OK21	
HI4,9		PA22	
ID		RI23	
IL4,10		SC	
IA		SD24	
KS		TN	
KY11		TX25	
ME12		UT	
MD13		VT	
MI14		WA26	
MN15		WI27	

WITHIN WHICH NESCO RENTALS WOULD DELIVER PURCHASES TO US AND THAT ANY SUCH PURCHASES ARE FOR WHOLESALE, RESALE, INGREDIENTS, OR COMPONENTS OF A NEW PRODUCT TO BE RESOLD, LEASED, OR RENTED IN THE NORMAL COURSE OF OUR BUSINESS. WE ARE IN THE BUSINESS OF WHOLESALE, RETAILING, MANUFACTURING, LEASING (RENTING), SELLING (CALIFORNIA) THE FOLLOWING:

I FURTHER CERTIFY THAT IF ANY PROPERTY SO PURCHASED ON TAX EXEMPT BASIS IS SUBSEQUENTLY USED OR CONSUMED BY US AS TO MAKE IT SUBJECT TO A SALES OR USE TAX WE WILL PAY THE TAX DUE DIRECT TO THE PROPER TAXING AUTHORITY WHEN STATE LAW SO PROVIDES. THIS CERTIFICATE SHALL BE PART OF EACH ORDER, WHICH WE MAY HEREAFTER GIVE TO YOU AND SHALL BE VALID UNTIL CANCELED BY US IN WRITING.


Under penalties of perjury, I swear or affirm that the information in this form is true and correct as to every material matter.

DESCRIPTION OF PROPERTY TO BE PURCHASED: \_\_\_\_\_

\*DATE: \_\_\_\_\_  
(PRINT NAME OF PURCHASER OR AUTHORIZED AGENT, AND TITLE)

PHONE: \_\_\_\_\_  
\*(SIGNATURE OF PURCHASER OR AUTHORIZED AGENT) CAN'T BE TYPED UNLESS PDF SIGNATURE STAMPED

**Certificate of Liability Insurance Example (will be needed for rentals)**

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 1/13/2017			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER Agency for Renter of Equipment			CONTACT NAME:				
			PHONE (A/C, No, Ext):		FAX (A/C, No):		
			E-MAIL ADDRESS:				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED Name of Company Renting Equipment			INSURER A :ABC Insurance				
			INSURER B :				
			INSURER C :				
			INSURER D :				
			INSURER E :				
			INSURER F :				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER: 1900488831</b>		<b>REVISION NUMBER:</b>			
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.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	ABC123 Policy#	1/1/2017	12/31/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y	Y	ABC123 Policy#	1/1/2017	12/31/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB		N	ABC123 Policy#	1/1/2017	12/31/2017	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 DED \$ RETENTION \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	ABC123 Policy#	1/1/2017	12/31/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Equipment Floater			ABC123 Policy#	1/1/2017	12/31/2017	Equipment Floater RCV Value of Equipment
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
Nesco, LLC is additional insured for General Liability and Automobile Liability. Waiver of Subrogation applies for the Workers' Compensation Policy, Automobile and General Liability. Nesco, LLC is listed as loss payee on the Equipment Floater policy for the specific equipment rented. (please include year, make, model, serial number and value).							
Hired Auto Physical Damage limit equal to or greater than the value of the equipment being rented. Must list policy# and limit.							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
Nesco, LLC 6714 Pointe Inverness Way Ft Wayne IN 46804				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE <i>Jane Authorized Signature</i>			