

# Information Request

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Hoskins Equipment, LLC  
1000 S. Leslie St., La Habra, CA 90631  
Phone: 714-639-1500 Fax: 714-538-7300

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Please provide the following information and FAX completed form to the number above.  
If you require additional information, please call (714) 639-1500

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## COMPANY INFORMATION: (Please print or type)

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Type of Business: \_\_\_\_\_ (Sole Proprietor, Corporation, Partnership, LLC, etc.)

Federal Tax ID : \_\_\_\_\_

Contractors License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Owner: (if sole-proprietor), Partner's or Officer's Name(s) and Title(s):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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## BILLING INFORMATION:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Person to Contact for Payment Inquires: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**Hoskins Equipment, L. L. C.**

1000 S. Leslie Street  
La Habra, CA 90631

In consideration for the extension of credit, said business promises:

- To pay for all purchases within the terms agreed of net 30 days, and agrees to pay a service charge per month of 1 ½% per month (18% annual percentage rate) on all past due balances.
- That if legal action is necessary, the credit user agrees to pay reasonable court costs and attorney's fees as awarded by the Court. That venue shall be in the county and court nearest to the credit grantor or its agent.
- In the event of assignment of an account to collections, the creditor is entitled to collection agency fees as specified, 25% for full service collections, 35% for attorney involvement/litigation and 50% for special handling: bankruptcy, closed businesses and skip tracing.
- The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Any misrepresentation in this application will be considered evidence of fraud, since this is the basis for the extending of credit, as an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

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Name of business

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Print name

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Title

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Signature

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Date



1000 South Leslie Street, La Habra CA 90631  
PH: 714.639.1500 FAX: 714.538.7300

Please return this completed authorization by email at [AR@HoskinsEquipment.com](mailto:AR@HoskinsEquipment.com) or by fax at 714-538-7300

Company Name: \_\_\_\_\_

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

VISA       MASTERCARD       AMEX

CREDIT CARD #:	
EXPIRATION DATE:	
CVV#: <small>(visa/MC on back – Amex on front)</small>	
NAME ON CARD:	
BILLING ADDRESS:	
ZIP CODE:	

**AUTOMATIC BILL-PAY:** Please be advised that the credit card on file will be charged automatically at the end of every daily and/or monthly invoicing cycle for all completed rental contracts. Receipts for credit card charges are sent via email unless otherwise specified by the customer.

**By signing this form, I authorize Hoskins Equipment to keep my credit card information on file as my default payment method. I agree that if any invoices are not paid within the terms of my contract, this form authorizes Hoskins Equipment to charge the amount of my past due invoices, and any finance charges incurred, to my card.**

Sign: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**THANK YOU FOR CHOOSING HOSKINS EQUIPMENT!**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/14/2006

PRODUCER

Insurance Agency

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Customer

INSURER A: Customer

INSURER B: Insurance Agency

000XX

INSURER C:

INSURER D:

INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ABC0123885	12/31/2006	12/31/2007	EACH OCCURRENCE \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000 Emp Ben. 1000000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

BY HAVING YOUR INSURANCE COMPANY SEND A CERTIFICATE NAMING US AS A CERTIFICATE HOLDER YOU WILL NOT BE CHARGED A DAMAGE WAIVER FEE.

CERTIFICATE HOLDER

Hoskins Equipment LLC  
1000 Leslie Street  
La Habra, CA 90631

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30\* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Agent