



# Application For Credit

Fax To: 585-295-9399

<b>Complete Legal Name of Business:</b>				<b>Business Type:</b>			
				<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	
				<input type="checkbox"/> LLC		<input type="checkbox"/> Sole Proprietor	
Business Street Address:			City:		State:	Zipcode:	
Mailing Address (if different from physical address):			City:		State:	Zipcode:	
Telephone: ( ) ( )	FAX: ( ) ( )	Mobile: ( ) ( )		eMail:			
<b>Industry:</b>			Organization State of & Year		Federal ID #:		
<input type="checkbox"/> General Construction	<input type="checkbox"/> Excavation / Paving	<input type="checkbox"/> Electrical					
<input type="checkbox"/> Environmental	<input type="checkbox"/> Masonry / Concrete	<input type="checkbox"/> Plumbing					
<input type="checkbox"/> Engineering	<input type="checkbox"/> Surveyor	<input type="checkbox"/> Steel / Structural					
<input type="checkbox"/> Other: _____ SIC Code: _____			Company Website Address / URL:				

<b>Owner(s) / Officer(s):</b>			
Name (First, MI, Last):		Title:	Social Security No.:
Street Address:		City:	State: Zipcode:
Name (First, MI, Last):		Title:	Social Security No.:
Street Address:		City:	State: Zipcode:

<b>Accounts Payable Contact:</b>		<b>Purchase Order Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:	Phone:	Fax:	eMail:

<b>Bank Information:</b>			
Bank Name:	Account No.:	Contact:	
	Phone:	Fax:	
Street Address:	City:	State:	Zipcode:

<b>Bonding Information:</b>			
Name:	Account No.:	Contact:	
	Phone:	FAX:	
Street Address:	City:	State:	Zipcode:

<b>Trade References:</b>			
Business Name:	Street Address:	City:	State:
Phone:	FAX:	Account No.:	Contact Name:
Business Name:	Street Address:	City:	State:
Phone:	FAX:	Account No.:	Contact Name:
Business Name:	Street Address:	City:	State:
Phone:	FAX:	Account No.:	Contact Name:

The undersigned customer authorizes Admar Supply Company, Inc. to obtain credit/consumer reports or any other credit information on the guarantor, owner, and/or president. Customer agrees to pay all charges within 30 DAYS of the date of purchase and agrees to pay finance charge(s) of 1.5% (annual rate 18%) per month on any balance due over 30 days together with reasonable collection charges including attorney fees. If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. Admar Supply Company, Inc. reserves the right to rescind the credit account without any prior notification. Photostat, facsimile or email copy of all Admar documents shall be treated as original documents.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Personal Guaranty – Required

I (we) personally guarantee payment of any balance due on this account and any account of any successor corporation in which guarantor(s) has an interest including finance charges, collection charges, and attorney's fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## Information Page (required):

Authorized Personnel (for ADMAR Orders):			
Contact:	Title:	Mobile / Phone:	eMail:
1.			
2.			
3.			
4.			
Current Company Projects:			
Jobsite Name:	Address (or intersection);	Estimated Completion Date:	
1.		___/___/___	
2.		___/___/___	
3.		___/___/___	
4.		___/___/___	
5.		___/___/___	
6.		___/___/___	
Project / Jobsite Superintendents (match to projects above):			
Contact:	Title:	Mobile / Phone:	eMail:
1.			
2.			
3.			
4.			
5.			
6.			
Other Business Information:			
Years in Business:	Equipment Needs: (check ALL that apply)	Estimated Annual Sales (\$):	
Number of Employees:	<input type="checkbox"/> Forklifts <input type="checkbox"/> Generators <input type="checkbox"/> Skidsteers	Dunn & Bradstreet (D&B) No.:	
	<input type="checkbox"/> Excavators <input type="checkbox"/> Lighting <input type="checkbox"/> Aerials/Booms		
	<input type="checkbox"/> Scissors <input type="checkbox"/> Other		
Have you filed Bankruptcy in the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any lawsuits pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments _____			
ADMAR Office Use ONLY:			
ADMAR Salesperson:		<input type="checkbox"/> Approved <input type="checkbox"/> Declined	
Credit Limit Approved (\$):		Date: ___/___/___	

Rev. 08 Feb '08

[www.admarsupply.com](http://www.admarsupply.com)



ROCHESTER | 1950 Brighton-Henrietta TL Rd. Rochester, NY 14623 | T: 585.272.9390 F: 585.272.9165  
 BUFFALO | 1394 Military Rd. Buffalo, NY 14217 | T: 716.873.8000 F: 716.873.8455  
 SYRACUSE | 6014 Drott Dr. E. Syracuse, NY 13057 | T: 315.433.5000 F: 315.431.0548  
 ALBANY | 878 Old Albany Shaker Rd. Latham, NY 12110 | T: 518.690.0750 F: 518.690.0757  
 BINGHAMTON | 449 Commerce Rd. Vestal, NY 13850 | T: 607.798.0333 F: 607.798.0833

a DiMarco Group company

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract), because of all or part applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law in the Federal Trade Commission, Equal Opportunity, Washington, DC 20580.



**CONSTRUCTION EQUIPMENT & SUPPLIES**

1950 Brighton-Henrietta TL Road Rochester, NY 14623-2510  
585.272.9390 • 585.272.9165 fax • www.admarsupply.com

***Construction Equipment and Supplies,  
Rentals, Sales and Service***

**TO ALL RENTAL CUSTOMERS:**

Admar Supply Company Inc., **REQUIRES ALL** Customers to have a Certificate of Insurance on file showing a minimum of \$ 1,000,000 in General Liability insurance, and Workers Compensation. The Certificate of Insurance **MUST NAME ADMAR SUPPLY AND IT'S AFFILIATES AS THE CERTIFICATE HOLDER.**

In addition, for all equipment valued at \$7000 or more, the Certificate of Insurance **MUST INDICATE COVERAGE FOR RENTED EQUIPMENT, THAT COVERAGE IS ALL RISK, AND ADMAR SUPPLY AND IT'S AFFILIATES IS LISTED AS ADDITIONAL INSURED AND LOSS PAYEE.**

A **DAMAGE WAIVER CHARGE** will be added to your rental invoice for all equipment under \$7000 if your Certificate of Insurance does not provide coverage for rented equipment.

All equipment valued at \$7000 or more will not be released for rental without insurance.

Please notify your insurance agent of this requirement to expedite your order. Please feel free to contact your local branch or the corporate office below with any questions.

**ROCHESTER** \* 1950 Bri-Hen TL Rd. \* Rochester, NY 14623 \* Tel. (585) 272-9390 \* Fax (585) 272-9165  
**BUFFALO** \* 1394 Military Rd. \* Buffalo, NY 14217-1318 \* Tel. (716) 873-8000 \* Fax (716) 873-8455  
**SYRACUSE** \* 6014 Drott Drive \* Syracuse, NY 13057-2943 \* Tel. (315) 433-5000 \* Fax (315) 431-0548  
**ALBANY** \* 878 Albany Shaker Rd. \* Latham, NY 12110 \* Tel. (518) 690-0750 \* Fax (518) 690-0757  
**BINGHAMTON** \* 2305 Old Vestal Road \* Binghamton, NY 13850 \* Tel. (607) 754-4700 \* Fax (607) 754-4720  
**WILKES-BARRE, PA** \* 121 Armstrong Rd \* Pittston, PA 18640 \* Tel.(570)299-5505 \* Fax (570)299-5504  
**ERIE, PA** \* 1337 W. 12<sup>th</sup> St. Erie, PA 16501 \* Tel (814) 870-9091 \* Fax (814) 464-0595



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/11/2014

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 Sample Insurance Agent/Broker	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Sample Construction Company 1234 Stone Rd. Anywhere, NY	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES      CERTIFICATE NUMBER: CL1421198672      REVISION NUMBER:

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 SUBR (INSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		Needs to completed with appropriate information	date		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	Required	date		WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Contractors Equipment Including Leased from others					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is named as additional loss payee with regard to the rented equipment.  
Example: Lease/rented Equipment Coverage Amount \$100,000.

<b>CERTIFICATE HOLDER</b> Admar Supply and it's Affiliates 1950 Brighton Henrietta T/L Rd. Rochester, NY 14623	<b>CANCELLATION</b> 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