



PLEASE COMPLETE  
SIGN AND RETURN  
TO



Credit Department

Phone # (214) 819-4100

Fax # (214) 819-4133

Email to: credit@romco.com

### CONFIDENTIAL CREDIT APPLICATION

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

#### BACKGROUND INFORMATION

Legal Business Name \_\_\_\_\_ Trade Name(s) \_\_\_\_\_  
 Physical Location \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City/State/Zip/(include COUNTY) \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Legal Status: Corporation  Partnership  Sole Proprietor  Other   
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Date Business Began \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_  
 Purchasing Contact \_\_\_\_\_ direct phone: \_\_\_\_\_ email: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ direct phone: \_\_\_\_\_ email: \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Federal Tax I.D. # \_\_\_\_\_ Sales Tax Resale # \_\_\_\_\_ D & B # \_\_\_\_\_  
 Purchase Order Required  No  Yes (attach certificate) Other Locations: Please attach listing \_\_\_\_\_  
 Has the company or any principals ever been involved in:  
 1. Bankruptcy  No  Yes If yes, please give details \_\_\_\_\_  
 2. Current Litigation  No  Yes If yes, please give details \_\_\_\_\_  
 3. Outstanding Liens or Judgments:  No  Yes If yes, please give details \_\_\_\_\_  
 Insurance Agent & Company \_\_\_\_\_ Ph # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Bonding Agent & Company \_\_\_\_\_ Ph # \_\_\_\_\_ Fax # \_\_\_\_\_

#### CREDIT INFORMATION

##### PRINCIPALS:

Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_ US Citizen? \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Home Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_ US Citizen? \_\_\_\_\_

##### TRADE REFERENCES:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Acct # \_\_\_\_\_  
 Accounts Receivable Email: \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Acct # \_\_\_\_\_  
 Accounts Receivable Email: \_\_\_\_\_  
 Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Acct # \_\_\_\_\_  
 Accounts Receivable Email: \_\_\_\_\_

##### BANK REFERENCES:

Name of Bank \_\_\_\_\_ Loan Officer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Acct #(s) \_\_\_\_\_

Name of Bank \_\_\_\_\_ Loan Officer \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
\_\_\_\_\_ Acct #(s) \_\_\_\_\_

Name(s) of individuals authorized to purchase on your account: \_\_\_\_\_  
Which ROMCO location will you primarily purchase from: \_\_\_\_\_

### TERMS & CONDITIONS

**PARTS & SERVICE INVOICE ARE PAYABLE AT DALLAS, DALLAS COUNTY, TEXAS – NET 30 DAYS. (VENUE IS DALLAS COUNTY, TEXAS)**

**EQUIPMENT & RENTAL INVOICES DUE AND PAYABLE AT DALLAS, DALLAS COUNTY, TEXAS UPON RECEIPT OF INVOICE. ALL PAST DUE ACCOUNTS WILL BE CHARGED INTEREST AT THE MAXIMUM RATE ALLOWED BY STATE LAW. RETURNED MERCHANDISE MAY BE SUBJECT TO 15% RESTOCKING CHARGE**

**ANY TERMS OF CONDITIONS IN THE CUSTOMER'S PURCHASE ORDER, IF DIFFERENT FROM ROMCO'S TERMS, ARE NOT APPLICABLE UNLESS CUSTOMER AND SUPPLIER AGREE IN WRITING.**

**I/WE CERTIFY THAT THE INFORMATION CONTAINED HERIN IS TRUE AND CORRECT. I/WE HEREBY AUTHORIZE ROMCO EQUIPMENT CO. AND/OR THEIR DESIGNATED REPRESENTATIVE TO VERIFY BUSINESS AND/OR CONSUMER CREDIT REFERENCES AND TO PULL CREDIT REPORTS WHEN NECESSARY. I/WE AGREE TO THE ABOVE STATED TERMS. ALL PARTIES AGREE THAT IN THE EVENT LEGAL ACTION BECOMES NECESSARY THE SAME WILL BE FILED AND TRIED IN DALLAS COUNTY, TEXAS OR IN ANY OTHER COUNTY AT SELLER'S DISCRETION. IN THE EVENT OF A DEFAULT, I/WE AGREE TO BE RESPONSIBLE FOR ALL COLLECTION AGENCY FEES AND ATTORNEY COSTS. SELLER WILL NOT BE LIABLE FOR ANY CONSEQUENTIAL, INCIDENTAL, OR SPECIAL DAMAGES OF APPLICANT. THE MAXIMUM LIABILITY IN DAMAGES RECOVERABLE AGAINST SELLER SHALL NOT EXCEED THE AMOUNT ACTUALLY RECEIVED BY SELLER FOR THE TRANSACTION THAT FORMS THE BASIS OF APPLICANTS COMPLAINT. I/WE AGREE TO NOTIFY ROMCO EQUIPMENT CO. BY CERTIFIED MAIL OF ANY CHANGES IN OWNERSHIP OR FORM OF BUSINESS ENTITY.**

**THE UNDERSIGNED AUTHORIZES ROMCO EQUIPMENT CO. TO FILE UCC-1'S (FINANCING STATEMENTS) AND UCC-3'S (CONTINUATION STATEMENTS) WITHOUT HIS/HER SIGNATURE**

**THE UNDERSIGNED DECLARES TO ROMCO EQUIPMENT CO. THAT HE/SHE IS DULY AUTHORIZED TO SIGN THIS CREDIT APPLICATION FORM IN BEHALF OF THE PERSON AND/OR COMPANY REPRESENTED.**

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

By \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

By \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**SIGNATURES BY OWNERS/OFFICERS ONLY**

**PRIOR JOB REFERENCES: (General Contractors/Owners)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job #/Description \_\_\_\_\_ Contract Amount \_\_\_\_\_

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Job #/Description \_\_\_\_\_ Contract Amount \_\_\_\_\_

**INSURANCE REQUIREMENTS FOR RENTALS:**

**General Liability: \$1,000,000.00 min**

Certificate of Insurance must name ROMCO Equipment Co. as Certificate Holder and ROMCO Equipment Co. as the Additional Insured.

**Physical Property Insurance:** Must cover insurance value of equipment on rent. The insurance value will be listed on each Rental Agreement and RPO Agreement.

Certificate of Insurance must name ROMCO Equipment Co. as Loss Payee.

In the event the Insurance Certificate does not show coverage for property insurance that would cover the cost of the equipment on rent, ROMCO Equipment Co. will provide the customer with Loss Damage Waiver insurance through EPG Insurance Company. EPG will provide up to \$325,000.00 insurance coverage and anything over that amount requires a quote from EPG. Standard Loss Damage Waiver is 12% of rental rate unless ROMCO Equipment Co receives a quote from EPG stating actual percentage. In that case, the stated percentage is used in lieu of the 12%.