

RENTAL CUSTOMER

Legal Business Name:	Date Establi	shed:			
Physical Address:					
City: State:					
Tel: Fax:	·	ess:			
Website: Federal Ta					
Dun & Bradstreet Number (if any):					
Type of Entity (e.g. Corp., LLC, Partnership):					
OWNERSHIP/GUARANTOR INFORMATION					
Name #1:% Ownersh					
SSN: Home Address:					
City: State:					
Tel: Fax:					
BANK/CREDIT/TRADE REFERENCES					
Name of Financial Institution:	Account Number	Cradit Limit S.			
Address:					
Name of Financial Institution:					
Address:					
Equipment Lender:					
Supplier Company:					
Supplier Company:					
TAX EXEMPT INFORMATION					
Are you Tax-Exempt?: Yes: No:					
If YES, please provide your sales tax numbers and attac	h a copy of your tax-exempt certifica	ates.			
State Exemption Number:	Parish Exemption #:	Parish:			
BILLING INFORMATION:					
Billing Address (if different from Business Address) :	Accounts Payable Contact Per	rson:			
	Accounts Payable Telephone				
	Accounts Payable Fax Numbe	r:			
Do you Require a Purchase Order Number on Invoices?	YES	NO			
NET 10	CREDIT TERMS				



RENTAL CUSTOMER

The undersigned, recognizing that his/her credit history may be a factor in the evaluation of the credit of the applicant, hereby consents and authorizes Southland Truck Leasing LLC and its affiliates to obtain a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. The undersigned further consents and authorizes the above credit provider and its affiliates to obtain information from any source related to its credit standing and agrees to supply such financial statements and other information via telefax or otherwise as may be reasonably requested and warrants the accuracy of said information in this application and any other material submitted by the undersigned. Please be assured that all information provided is held in the strictest confidence.

The undersigned agrees to and contracts to pay according to Southland Truck Leasing LLC's Credit Terms described above. In the event that the undersigned fails to abide by these credit terms, the undersigned agrees to pay all costs of collection, including attorney's fees. The attorney's fees shall be a minimum of one-third (1/3) the total unpaid balance, including interest charges.

I agree to the above conditions and terms. I certify that this open account is being applied for COMMERCIAL PURPOSES ONLY. This shall not be considered a consumer loan for any purpose.

Signature #1: ______ Date: ______ Date: _____

Signature #2:	Title:	Date:						
PERSONAL GUARANTEE								
In consideration for credit being extended by Southland Truck Leasing, LLC and/or its affiliates to the above applicant/customer for lease of vehicles, whether the applicant be an individual, proprietorship, partnership, corporation, or other legal entity, the undersigned guarantor(s) each hereby contracts and guarantees to Southland Truck Leasing LLC or its affiliates the faithful payment of all accounts of said applicant/customer for lease, rental or purchases made or services received by said applicant/customer. The undersigned guarantor(s) each for payment on applicant/customer, protest and notice to undersigned guarantor(s) of dishonor or default by applicant/customer or with respect to any security held by Southland Truck Leasing LLC, extension of time of payment to applicant/customer, acceptance of partial payment or partial compromise, and all other notices which the undersigned might otherwise be entitled. Any action brought to enforce this guarantee shall be brought in the 32nd Judicial Court for the Parish of Terrebonne, State of Louisiana and the undersigned guarantor(s) hereby agree to this forum and expressly waive any right of removal to federal court and any and all objections to the venue of this Court. The undersigned guarantor(s) further agree to pay any and all costs of collection incurred by Southland Truck Leasing LLC, and its affiliates enforcing the guarantee, including reasonable attorney's fees. Any revocation of this guarantee must be submitted in writing, via certified mail, to Jodie Teuton at Southland Truck Leasing, LLC 2699 W. Park Ave. P.O. Box 1450 Gray, LA 70359.								
Guarantor #1:		Date:						
Guarantor #2:		Date:						



RENTAL CUSTOMER

AUTHORIZATION FOR AUTOMATIC PAYMENT (ELECTRONIC FUNDS TRANSFER)

	("Customer") hereby authorizes Southland Truck Leasing,
maintained with the financial institution name and/or lease agreements relating to the custo to honor the Debit Entries initiated by Southla account. Customer understands and agrees the any other reason, Customer agrees to pay Southland Cruck Leapermitted by applicable law. Furthermore, the	e debit entries (Debit Entries") to the bank account number identified below and ed below ("Bank") to satisfy Customer's payment obligations under the contract(s) mers' account(s) with Southland Truck Leasing, L.L.C. Customer also authorizes Bank and Truck Leasing, LLC and/or its financial institutions and to debit the same to such nat if a Debit Entry is not honored due to insufficient funds, account closure or for athland Truck Leasing, L.L.C. an administrative fee equal to the lesser of (i) the actual asing, L.L.C., plus all other actual costs and expenses or (ii) the maximum amount a customer understands and agrees that if a Debit Entry is not honored, it is a customer understands due under the contract(s) and/or lease agreements, together with
Southland Truck Leasing, L.L.C. Account #:	
Payment Due Date:	
Name of Financial Institution:	
Address of Financial Institution:	
Bank Account Number:	
ABA Number:	
Truck Leasing, L.L.C. have mutually agreed to t amount of time to act on the Customer's requ	ne contract(s) and/or lease agreements have been paid in full or until Southland terminate the Debit Entries and Southland Truck Leasing, L.L.C. has a reasonable est. If a Payment due date falls on a weekend or on a day which is a holiday in the L.C. will initiate a Debit Entry on the next business day.
Dated:	
Customer Name:	NET 10 DAYS
Name of Authorized Signer:	
Signature of Authorized Signer:	
Title:	
PLEASE ATTACH A V	OIDED CHECK TO THIS AUTHORIZATION REQUEST





General Insurance Requirements:

- 1. Please list all company names for the **named insured**.
- 2. Please name Certificate Holder as **Additional Insured** and **Loss Payee**.
- 3. Please make sure the **comprehensive/collision** deductibles and **liability** coverage* are listed.
- 4. Comprehensive/collision deductibles must be **no higher than \$1,000** each.
- 5. Please specify number of days for written notification in the event of cancellation (per policy).
- 6. Please specify limits on physical coverage (ACV or dollar amount).
- 7. Certificate Holder:

Southland Truck Leasing, LLC 3699 W. Park Ave. Gray, LA 70359

For Scheduled Auto/Vehicle Specific Policies (unscheduled, blanket policies do not require vehicle info):

- 1. If the certificate is vehicle specific, please include the **insured value** of equipment on certificate.
- 2. If the certificate is vehicle specific, please list at least the **last six of VIN**.

^{*}The minimum requirement for liability is \$1,000,000.00. Hazardous haulers may need \$5,000,000.00.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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).

this certificate does not come rights to the certificate holder in fied of such endorsement(s).							
PRODUCER License #	CONTACT NAME:						
		FAX (A/C, No):					
	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A: ABC Insurance Company	12345					
INSURED	INSURER B:						
123 Construction, LLC Please list All	INSURER C:						
123 Main Street COMPANY NAMES	INSURER D:						
False, LA 70123	INSURER E:						
V	INSURER F:						

COVERAGES CERTIFICATE NUMBER: 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	INSR TYPE OF INSURANCE		DDL SUBF	R	CY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS		
LTR	COMMERCIAL GENERAL LIA		NSD WVD			(MIM/DD/TTTT)	(MIM/DD/TTTT)	EACH OCCUPPENCE		\$	
		CCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren		•	
										\$	
								MED EXP (Any one pers		\$	
								PERSONAL & ADV INJU	JRY :	\$	
	GEN'L AGGREGATE LIMIT APPLIE	ES PER:						GENERAL AGGREGATE		\$	
	POLICY PRO- JECT	LOC						PRODUCTS - COMP/OF	AGG	\$	
	OTHER:					111	<u> </u>			\$	
A	A AUTOMOBILE LIABILITY					Hazardous Haulers may need \$5 million		COMBINED SINGLE LIM (Ea accident)	1IT	\$	1,000,000
	X ANY AUTO					may need \$.	,3 111111011	BODILY INJURY (Per pe	rson)	\$	
	OWNED SCH AUTOS ONLY AUT	HEDULED FOS					/	BODILY INJURY (Per ac	cident)	\$	
		N-OWNED FOS ONLY		Current Beli	iou Numbon 555 D.	_	PROPERTY DAMAGE (Per accident)		\$		
	AUTOS GINET	IOS ONLI	Current Pol		cy Number	Eff Date	Exp Date	(i oi acoidoni)		\$	
	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE		\$	
	H H	CLAIMS-MADE						AGGREGATE		\$ \$	
	DED RETENTION\$							AGGREGATE			
								PER (OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								ĒR		
			N/A					E.L. EACH ACCIDENT	- 1:	\$	
								E.L. DISEASE - EA EMP	LOYEE	\$	
_	DÉSCRIPTION OF OPERATIONS below			O	N	Eff D - 4 -	F D-4-	E.L. DISEASE - POLICY		\$	
Α	A Automobile Liability			Current Polic	y Number	Eff Date		Comp. Deductible			\$\$\$\$
			as					Collision Deducti			\$\$\$\$
additional insured and								Phys. Damage Lii	mit		ACV/\$\$\$\$
DES	CRIPTION OF OPERATIONS	S / LOS pa	ayee. Fil	ICLES (ACORI	D 101, Additional R	emarks Sche	dule, may be	attached if more sp	ace is	required	d)
0	thing Touch Landing 110	la liada di an ad		:							
Southland Truck Leasing, LLC, is listed as additional insured and loss payee.											
	Please list Specify										
ALL of our days per											
names for policy. Certificate Control of the contr											
CE	CERTIFICATE HOLDER CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE											
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN								-			
Southland Truck Leasing, LLC 3699 West Park Avenue								Y PROVISIONS.			
Gray, LA 70359											
l	5.uy, LA 10009				AUTHO	AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

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Must be Signed by Agent