

CREDIT APPLICATION

CUSTOMER INFORMATION

LEGAL COMPANY NAME (IN FULL)	TRADE NAME	NATURE OF BUSINESS	
ADDRESS	CITY, PROVINCE	POSTAL CODE	
TELEPHONE NO. (INCL. AREA CODE)	GST/HST #	PST # (IF EXEMPT)	NO. OF YEARS IN BUSINESS
EMAIL ADDRESS	WEBSITE	PURCHASE ORDER REQUIRED	

PRINCIPALS

NAME IN FULL	TELEPHONE NO.	☐ PARTNER ☐ SOLE OWNER ☐ SIGNING OFFICER
RESIDENTIAL ADDRESS	CITY, PROVINCE	POSTAL CODE
NAME IN FULL	TELEPHONE NO.	☐ PARTNER ☐ SOLE OWNER ☐ SIGNING OFFICER
RESIDENTIAL ADDRESS	CITY, PROVINCE	POSTAL CODE

CONTACTS

CREDIT MANAGER	ACCOUNTS PAYABLE	PURCHASING

BANK REFERENCE

NAME	ADDRESS	TELEPHONE NO.	ACCOUNT NO.

TRADE REFERENCES

NAME	TELEPHONE NO.	EMAIL ADDRESS
NAME	TELEPHONE NO.	EMAIL ADDRESS
NAME	TELEPHONE NO.	EMAIL ADDRESS

NAME (PLEASE PRINT)	SIGNATURE	TITLE

Thank you for choosing Oxford Builders Supplies for your rental equipment needs.

As an additional service to our customers, Oxford Builders Supplies will offer an optional Damage Waiver Plan. This Damage Waiver Plan (DWP) will help reduce the cost to you for loss or damage to equipment while on rent under normal working conditions. The charge will be 6% of the rental price and will be automatically applied at the time of rental if you choose to accept the DWP. Declining the DWP is your option.

WHAT IT COVERS	WHAT IT DOES NOT COVER
Loss or damage occurring to the rental equipment while on rent and used under normal working conditions	Equipment that is used for the purpose for which it was not designed
	Damage to tires
	Misuse, abuse, ore intentional damage
	Mysterious disappearance
	Equipment not maintained or not maintained correctly
	Refer to "Loss Damage Waiver" and "Waiver Exception" sections on the Terms and Conditions

Please indicate below whether you wish to accept or decline the coverage. If you choose to decline you must provide us with a copy of your insurance certificate. If you choose to accept the coverage, the DWP will be charged on all future rentals or until we are notified of your elected change by mail or fax. If you do not complete and return the attached page, you will be charged the DWP automatically. Please mail to the address or fax to the fax number on this letterhead, your completed form.

Please feel free to contact us if you have questions or concerns.

We appreciate your business and look forward to serving you.

I have read and understand Oxford Builders Supplies' Damage Waiver Plan (DWP) and acknowledge the automatic 6% charge on rentals for which the "DWP" is applicable and wish to:

☐ DECLINE the DWP option

We have insurance coverage with:

INSURANCE COMPANY

POLICY NUMBER

and will advise Oxford of any changes to our carrier, coverage or policy number.

☐ ACCEPT the DWP option and will advise any change in status.

COMPANY NAME

NAME

SIGNATURE

Please print completed form, sign it & email it to ar@oxfordbuilders.ca

OFFICE USE ONLY

CUSTOMER # _____

DATE CREDIT APPROVED: _____

SALESMAN CODE: _____

DIVISION: _____