

Signature:

New Customer Application Form

Trade References - Rev. 6/21/17

Applicant's Information:				
Name:	Company Name	Company Name:		
Address:	City:	State:	Zip:	
Phone:	Fax:			
Email:	Website:			
Trade References:				
	References. No application will be ac gent if you have any questions regard		on is left blank.	
Company:	Contact Nan	Contact Name:		
Address:	City:	State:	Zip:	
Phone:	Fax:			
Email:	Website:			
Company:	Contact Nan	ne:		
Address:	City:	State:	Zip:	
Phone:	Fax:			
Email:	Website:			
Company:	Contact Nan	ne:		
Address:	City:	State:	Zip:	
Phone:	Fax:			
Email:	Website:			
Certificate Holder with provisions for must have worldwide coverage. 2. For items with a replacement valu requirement for a 10% charge based deductible. This charge may be applied the absence of an insurance binders. A hold may be placed on the clien	required for all rentals. Binders must list BOTH loss payee and additional insured e of less than \$20,000.00, Talamas may on the total rental cost. This charge covied, at our discretion, to any rental with a per provided by the client. It's credit card for either the insurance do of the rented equipment for customers of	d. Equipment trave of at our discretion waters loss or damage a replacement value eductible for custor	ling outside the US vaive the insurance e after a \$2,500.00 e up to \$20,000.00 mers with insurance	
days to process for new domes	ax exempt forms, and insurance destic clients, and 5 business days to count has been authorized, we the for preptime.	o process for ne	w international	

Printed Name: _____ Date: _____