



High Reach Inc.

480 Wyecroft Road, Oakville, Ontario L6K 2G7 Canada

Telephone: 905-844-4164 Fax: 905-844-2135 Website: highreachinc.com

CREDIT APPLICATION

Date (MM/DD/YYYY) : _____

Company Name: _____

Branch: _____ GST/HST no.: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Credit Amount Requested: \$ _____

Type of Business: _____

How Long Have You Operated Under the Present Company Name?:

Do You Operate any Other Business, if so, Name of Other Business?:

Is Purchase Order Required?: _____

Bank Where Business is Transacted: _____

Address of Bank: _____

Telephone of Bank: _____

Credit References from Current Suppliers on Open Account:

1. _____

E-mail: _____

2. _____

E-mail: _____

3. _____

E-mail: _____

I/We, the undersigned, supply the above confidential information for the purpose of obtaining 30-day credit terms and given permission for credit investigation by **HIGH REACH INC.**

I/We, hereby agree to terms of payment which shall be net 30-days from date of purchase, unless otherwise specifically stated, and I/We agree to accept a service charge of 2% per month on all balances which become overdue in accordance with these terms.

Printed Name: _____

Title: _____

Signature: _____



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CERTIFICATE OF INSURANCE

To be completed by the Insurer or his authorized representative.

Name of Insured: _____

Property Coverage: _____

Insurer: _____

Policy Term: From: _____ To: _____

Policy Number: _____ Limit: _____

Equipment Make: _____ Model: _____

S/N: _____ Value: \$ _____

Comprehensive General Liability:

Insurer: _____

Policy Term: From: _____ To: _____

Policy Number: _____ Limit: _____

(Min. Requirement \$1,000,000)

1. Comprehensive General Liability is extended to include PERSONAL INJURY, CONTRACTUAL LIABILITY, NON-OWNED AUTOMOBILE LIABILITY, OWNER'S AND CONTRACTOR'S PROTECTIVE COVERAGE, PRODUCTS/COMPLETED OPERATIONS and CONTINGENT EMPLOYERS LIABILITY.

2. With respect to the Comprehensive General Liability, **HIGH REACH INC.**, has been added as an additional insured but only with respect to liability arising out of the operations of the named insured.

3. Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to **HIGH REACH INC.**

The insurer will mail to **HIGH REACH INC.**, THIRTY (30) days written notice of any material change in or cancellation of these policies.

Moving & Rigging Form (Hook Liability Insurance): YES NO

If **YES**, please complete the following:

Insurer: _____

Policy Term: From: _____ To: _____

Policy Number: _____ Limit: _____

Name of Broker: _____

Address of Broker: _____

Printed Name: _____

Title: _____

Signature: _____

Once completed, please remit to questions@highreachinc.com