

Locations:  
Nashville, TN  
Birmingham, AL  
SINCE 1962

**AUTOW** NATIONAL LEASE TRUCK LEASING & RENTAL  
COMMERCIAL CREDIT APPLICATION

1406 Lebanon Pike  
Nashville, TN 37210  
Phone: (615) 244-1130  
Fax: (615) 263-1298

**BUSINESS CONTACT INFORMATION**

<b>Company name:</b>		<b>Date Started:</b>		<b>FEIN:</b>	
<b>Address:</b>		<b>City:</b>		<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>			
<b>Principals &amp;/or Officers: 1.</b>		<b>Title:</b>	<b>2.</b>		<b>Title:</b>
<b>Please <input checked="" type="checkbox"/> Business Type:</b> Corp. <input type="checkbox"/> State of Inc: <input type="checkbox"/>		Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	LLC <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>Mailing Address:</b>		<b>City:</b>		<b>State:</b>	<b>ZIP:</b>
<b>Payable Contact:</b>		<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	

**BUSINESS INFORMATION**

<b>Primary business activity:</b>		<b>Commodities hauled:</b>			
<b>Is Company State Tax Exempt?</b>		(If yes, please send a copy of resale certificate)		<b>US DOT#:</b>	
<b>Do you require a Purchase Order?</b>		Please note any addtl billing req.:			

**BANK INFORMATION**

<b>1) Bank:</b>		<b>Contact:</b>			
<b>Bank address:</b>		<b>Phone:</b>		<b>Fax:</b>	
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

**BUSINESS/TRADE REFERENCES**

<b>Reference:</b>		<b>Contact:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>E-mail:</b>	
<b>Reference:</b>		<b>Contact:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>E-mail:</b>	
<b>Reference:</b>		<b>Contact:</b>			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP Code:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>E-mail:</b>	

**VEHICLE INSURANCE INFORMATION**

<b>Insured By</b>	<b>Agent</b>	<b>Telephone</b>	<b>Contact</b>

By signature below I authorize Autow NationalLease to obtain credit information pertaining to this business/organization. I authorize the bank and trade references to release any and all information to Autow NationalLease which will assist in the credit investigation, and validate insurability. I release all such persons and organizations from any claims for damages by reason of furnishing this information.

Terms are payable upon receipt; outstanding invoice balances are subject to a late charge of 1.5% monthly (18% APR). In the event this account becomes delinquent, the Applicant agrees to reimburse, indemnify and pay Creditor all reasonable cost, expenses, and/or collection fees incurred in the collection of the monies when assigned to an attorney or collection agency.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, sex, age, marital status, national origin, or religion.

<b>I have read the Terms of this application and agree.</b>  Authorized Signature _____  Title _____ Date _____	<b>For AUTOW Use – Credit Amount Requested</b>			
	<b>Rental</b>	<b>Lease</b>	<b>Maintenance</b>	<b>Total</b>



 **Autow Truck Rental is going *GREEN!***

Please join us in the global march toward a greener planet and provide us with an email address for fast and convenient electronic mailing of your invoices and statements.

Company name: \_\_\_\_\_

Email address: \_\_\_\_\_

Please return this form to Autow with your payment, or you can begin the Green Transition right now and email your information to: [Julia@autowtruck.com](mailto:Julia@autowtruck.com) or: [Monica@autowtruck.com](mailto:Monica@autowtruck.com)

Thank you for participating in our attempt to provide faster and more efficient methods of customer service.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
00/00/0000

PRODUCER <b>INSURANCE AGENCY NAME</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP CODE</b> <b>TELEPHONE &amp; FAX NUMBERS</b>	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	<b>INSURERS AFFORDING COVERAGE</b>
INSURED <b>CUSTOMER NAME</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP CODE</b>	INSURER A: <b>INSURANCE COMPANY NAME</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

## COVERAGES

**\*\*\* SAMPLE COPY ONLY \*\*\***

THE POLICES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (any 1 fire) \$ MED EXP (any 1 person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>POLICY #</b>	<b>12/31/13</b>	<b>12/31/14</b>	COMBINED SINGLE LIMIT (Ea Accident) \$ <b>1,000.000</b> BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE -POLICY LIMIT \$
	<b>OTHER</b> <b>Physical Damage</b>	<b>POLICY #</b>	<b>12/31/13</b>	<b>12/31/14</b>	<b>\$5000.00 or less</b> <b>DEDUCTIBLE</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:

**CERTIFICATE HOLDER (Autow Nationalease Truck Rental, Inc.) AND THE OWNER ARE ADDED AS ADDITIONAL INSURED-LESSOR AND LOSS PAYEE WITH RESPECT TO ALL VEHICLES RENTED OR LEASED TO THE INSURED.**

CERTIFICATE HOLDER [N] ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

*Autow Nationalease Truck Rental Inc.*  
 1406 Lebanon Pike  
 Nashville TN 37210

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
**SIGNATURE REQUIRED HERE**

(Letterhead)

**Required Insurance Coverage For:** *Your Name*

**Date:**

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**From:** . *Autow Nationalease Truck Rental Inc.*  
*1406 Lebanon Pike*  
*Nashville TN 37210*  
*Attention: Karen Phillips*  
**Office:615-244-1130**  
**Toll Free: 800-388-2556**  
**Fax: 615-263-1298**

**TO:** *Insurance Agent Name*  
*Street Address*  
*City, State Zip Code*  
  
**Office:Agents Phone Number**  
**Toll Free:Agent's Toll Free Number**  
**Fax:Agent's Fax Number**

The customer shown above has a contract leasing or renting our equipment. We cannot release any vehicle without evidence of current primary automobile insurance coverage. Therefore, please fax the appropriate certificate of insurance coverage as indicated by the "X" below. Please mail originals to the above address.

  X   **Liability – Requested Minimum Combined Single Limit:** **1,000.000 or Greater**  
*Autow Nationalease Truck Rental , Inc. must be named as additional insured.*

  X   **Physical Damage, Maximum Comprehensive and Collision Deductibles: \$5,000.00 or Less**  
*Autow Nationalease Truck Rental , Inc. must be named as loss payee.*

*\*\*\*Additional Insured and Loss Payee endorsement required within 60 days of certificate issue date.\*\*\**

**CERTIFICATE MUST INCLUDE THE FOLLOWING WORDING:**

***Autow Nationalease Truck Rental , Inc. AND THE OWNER ARE ADDED AS ADDITIONAL INSURED AND LOSS PAYEE WITH RESPECT TO ALL VEHICLES RENTED OR LEASED TO THE INSURED.***

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**Certificate must show: Policy number – coverage – limits- deductibles – expiration dates**  
**(Sample "Acord Certificate" attached)**

**Scheduled auto policies may require the following information from us.**

**Unit#** \_\_\_\_\_ **Year/Make** \_\_\_\_\_ **Model** \_\_\_\_\_

**Vin#** \_\_\_\_\_ **Value** \_\_\_\_\_

**Thank You in advance for your assistance in serving our mutual customer.**

**Unit#** \_\_\_\_\_ **Year/Make** \_\_\_\_\_ **Model** \_\_\_\_\_

**Vin#** \_\_\_\_\_ **Value** \_\_\_\_\_

**Unit#** \_\_\_\_\_ **Year/Make** \_\_\_\_\_ **Model** \_\_\_\_\_

**Vin#** \_\_\_\_\_ **Value** \_\_\_\_\_