Street Smart

New Customer Paperwork:

Thank you for choosing Street Smart. We are excited to work with you. In an effort to expedite the timeline to receive your equipment, please complete the attached forms and return to newcustomerforms@streetsmartrental.com *ASAP.*

- ☐ **Credit Application**
- ☐ **Accounts Payable Contact/Tax Exemption Status**
- ☐ **Certificate of Insurance Requirements**
- ☐ **Credit Card Authorization**

If you have any questions please contact your regional sales manager or call 888-653-6800.

Thank you.

Street Smart
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STREET SMART RENTALS, LLC.
CREDIT APPLICATION FOR NEW CUSTOMERS

CUSTOMER BILLING INFORMATION			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Number of Years in Business:		FEID:	
Sole proprietorship:	Partnership:	Corporation:	Other:
Tax Exemption (attach exemption form):			

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Type of Industry:			
Estimated Annual Sales:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Bank Contact:			

PLEASE PROVIDE THREE BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

By submitting this application, you authorize Street Smart Rental to make inquiries into the banking and business/trade references that you have supplied, as well as periodic credit checks.

SIGNATURE	
Title:	Date:
Printed Name:	Signature:

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Accounts Payable Contact Information / Tax Exemption Status

Company Name:							
Phone:				E-mail:			
Billing Address:							
City:				State:	ZIP Code:		
AP Contact Name:				AP Contact Email:			
Shipping Address (if different then billing address)							
City:				State:	ZIP Code:		
Are you sales tax exempt:	☐ No	☐ Yes		If yes, please include exemption certificate for each state you are exempt			
Are purchase orders required:	☐ No	☐ Yes					
Taxpayer ID:							
Organizational Type	☐ Individual	☐ Corp		☐ Partnership	☐ LLC		
DBA if applicable:							
SIGNATURE							
Title:				Date:			
Printed Name:			Signature:				

Street Smart
SALES · RENTALS · SERVICE

6811 137th Ave NE.
Columbus, MN 55025
1-888-653-6800

Credit Card Payment Authorization Form

Sign and complete this form to authorize Street Smart Rentals, LLC to make a one-time or recurring debit to your credit card.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

Select One: ☐ **One Time Payment** ☐ **Use card for Recurring Payments**

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Account Number:_____

Cardholder Name_____ **Signature:**_____

City, State, Zip _____ **Expiration Date** _____

Code (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

Phone #_____ **Email address for Receipt**_____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time or recurring use, as indicated on this form. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorized Representative Name: _____ **Signature:**_____**Date:**_____

Street Smart Internal Use Only:

SalesForce Opportunity#:_____ **SSR Sales Rep Name**:_____

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Insurance Requirements

As a customer of Street Smart Rental, LLC we are requiring that you provide us with evidence of insurance that meets the minimum requirements outlined below. Depending on the type of equipment you are renting the requirements vary. See highlighted sections for details.

Commercial General Liability (Occurrence Form)

Each Occurrence	$1,000,000
Damage to Rented Premises (Each Occurrence)	$100,000
Med Exp (Any one person)	$5,000
Personal & Advertising Injury Liability	$1,000,000
General Aggregate (Other than Prod/Comp Ops Liability)	$2,000,000
Products/Completed Operations Aggregate	$2,000,000

- **Street Smart Rentals, LLC** named as Additional Insured on a primary and noncontributory basis.
- Waiver of Subrogation in favor of Street Smart Rentals, LLC
- 10 days' Notice of Cancellation (NOC) in favor of Street Smart Rentals, LLC

Workers Compensation and Employer's Liability

Workers Compensation	State Statutory Limits

Employer's Liability

Bodily Injury by Accident	$500,000 each accident
Bodily Injury by Disease	$500,000 policy limit
Bodily Injury by Disease	$500,000 each accident

Automobile Liability $1,000,000 each accident

- Auto Liability will include symbol 1-Any Auto
- Street Smart Rentals, LLC named as Additional Insured on a primary andnoncontributory basis.
- Hired Physical Damage coverage will be primary, name Street Smart Rentals, LLC as Loss Payee providing coverage for vehicles up to $115,000 and 19,000 GVW. 10 days' Notice of Cancellation (NOC) in favor of Street Smart Rentals, LLC

REQUIRED for **Truck-Mount Attenuator** rental only!

Umbrella Liability $1,000,000 Each Occurrence

Inland Marine/Leased Equipment $75,000 Limit with Deductible less than or equal to $2,500

REQUIRED for **ALL** equipment rentals, ***excluding*** Truck-Mount Attenuators

The above coverage must be placed with an insurance company with an A.M. Best rating of A-:VII or better. The certificate shall provide that the insurer SHALL mail notice of any cancellation or reduction of the insurance to the Additional Insured at least 10 days in advance of the effective date of any cancellation or reduction.

Initial to confirm the lessee carries the insurance required for the rental as outlined X:_____

Certificate must be forwarded to the email address below before the rental can begin.
Email: newcustomerforms@streetsmartrental.com

Thank you,

Street Smart Rentals, LLC
6811 137th Ave NE.
Columbus, MN 55025

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 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).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							
	[X] COMMERCIAL GENERAL LIABILITY	X	X				EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [X] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO	X	X				BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[X] **UMBRELLA LIAB** [X] OCCUR	X	X				EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[X] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ]	N/A					E.L. EACH ACCIDENT	$ 500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
	Inland Marine & Hired Phys Dmg						Inland Marine Limit / Inland Marine Ded / Hired Phys Dmg Limit / Hired Phys Dmg Ded	$ 75,000 / $ 2,500 / $ 115,000 / $ 2,500

REQUIRED for Truck-Mount Attenuator rental.

REQUIRED for **all** equipment rental, **excluding** Truck-Mount Attenuators

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Required: 10 day Notice of Cancellation in favor of Certificate Holder must be in effect, Street Smart Rentals should be listed as loss payee in regards to equipment rented., Additional Insured in respects to General Liability & Auto Liability on a primary & non-contributory basis, Waiver of Subrogation/Transfer of Rights in favor of Street Smart Rental for General Liability and Auto Liability., Street Smart Rentas should be listed as Loss Payee on the Hired Physical Damage, With symbol 7, an auto ID must be presented to Street Smart Rental

CERTIFICATE HOLDER

Street Smart Rentals, LLC
6811 137th Ave NE.
Columbus, MN 55025

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Street Smart Rentals, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6811 137th Ave NE

6 City, state, and ZIP code

Columbus, MN 55025

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

3	1	–	1	6	5	9	3	1	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Joshua Koch Date ▶ 1/19/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*