

Trailer Source Inc.

Trailer Source, Inc.

9104 Riverside Road East
Sumner WA. 98390

CREDIT APPLICATION

Phone: (253)891-8887 fax: (253)891-8845

trailersourcea@aol.com

BUSINESS INFORMATION

COMPLETE LEGAL COMPANY NAME					<input type="checkbox"/> CORP <input type="checkbox"/> PROP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> MUNI <input type="checkbox"/> NON PROFIT				
STREET ADDRESS			CITY			STATE		ZIP	
COUNTY		PHONE #		FAX#		EMAIL ADDRESS			
NATURE OF BUSINESS				OTHER BUSINESS NAME USED					
STATE ID#		DATE STARTED OR INCORPORATED			YEARS UNDER CURRENT OWNERSHIP YEARS			D&B#	

OFFICERS/OWNERS/PARTNERS

NAME #1		NAME #2	
TITLE	% OWNED	TITLE	% OWNED
SPOUSE	% OWNED	SPOUSE	% OWNED
RESIDENCE		RESIDENCE	
HOME PHONE #	SSN	HOME PHONE #	SSN

BANK REFERENCES

BANK NAME	PHONE #	ACCT#	CONTACT	ACCT. TYPE

TRADE REFERENCES

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

EQUIPMENT TO BE LEASED

QTY	NEW/USED (AGE)	DESCRIPTION	MODEL#	PRICE (W/O TAX)	TERM REQUESTED

VENDOR INFORMATION

COMPANY NAME	PHONE #	FAX#	CONTACT
ADDRESS			
EQUIPMENT LOCATION(PHYSICAL ADDRESS):			
Would you consider automatic withdrawal of your monthly payment as a payment option? <input type="checkbox"/> yes <input type="checkbox"/> no			

INSURANCE INFORMATION

COMPANY NAME	PHONE #	FAX#	AGENT
ADDRESS		POLICY #	

The undersigned is/are willing to serve as guarantor of the above transaction. The undersigned authorize(s) Trailer Source, LLC and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Trailer Source, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the applicant and certifies that all statements contained herein are true and correct.

Signature _____ Date _____
Name (please print) _____ Title _____