

**Tower Trailer Leasing, LLC**

**Confidential Credit Application**

Date: \_\_\_\_\_

**Customer Information**

D&B # \_\_\_\_\_

Customer Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Fax \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Billing Address (If Different) \_\_\_\_\_ FEIN # \_\_\_\_\_  
 A/P Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 No. of Employees \_\_\_\_\_ Company Ever Filed Bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, When? \_\_\_\_\_  
 Date Company Began Operations \_\_\_\_\_ Company Structure: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corp. \_\_\_\_\_ -Date Established \_\_\_\_\_  
 PO Required? \_\_\_\_\_ Names Authorized to Issue PO \_\_\_\_\_  
 Is Company Tax Exempt for Rentals? Yes \_\_\_\_\_ NO \_\_\_\_\_ If Yes, A completed Tax Exempt Certificate must be Provided with this Application.  
 Haul Hazardous, Refuse, or Waste? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, List type of Material \_\_\_\_\_

**Insurance**

Insurance Agent \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Liability Policy # \_\_\_\_\_ Comp./Coll. Policy No. \_\_\_\_\_

**Tower Trailer Leasing LLC must be listed as "Additional Insured" and "Loss Payee" on all Insurance Certificates.**

**Bank Information**

Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Checking Account Number \_\_\_\_\_ Savings Account # \_\_\_\_\_

**Trade References**

**\*No Fuel References to be Listed.**

Name	City/State	Contact Name & Phone #

**Credit Request**

Type of Equipment Wanted \_\_\_\_\_ Quantity \_\_\_\_\_

**I (we) hereby grant permission for Tower Trailer Leasing to verify credit information. I (we) understand and agree to abide by the Conditions stated on rental/lease agreements and attest that all information given on this application is true and correct according to my (our) best knowledge and belief.**

\_\_\_\_\_  
 (Signature) (Print Name) (Title)

**Note: Financial Statements may be required to establish credit. Tower Trailer Leasing LLC payment terms are net 10 days. A Finance Charge of 1 1/2% will be assessed on any amount past due.**

**By signing below, I authorize Tower Trailer Leasing LLC to charge the following credit card number:**

**MC / VISA (circle one). Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_**

**Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please fax completed Application to : 260-432-4677**