

**Tower Trailer Leasing, LLC**

**Confidential Credit Application**

**\*\*\*Company must be in business for a minimum of 24 months to Apply**

**Customer Information**

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

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 \_\_\_\_\_  
DOT # \_\_\_\_\_

**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 ½% 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:** \_\_\_\_\_