



# CREDIT APPLICATION

D.O.T. # \_\_\_\_\_

M.C. # \_\_\_\_\_

BILL TO ADDRESS

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Federal ID# \_\_\_\_\_ Tax ID# \_\_\_\_\_

Cash \_\_\_\_\_ AUTHORIZED PERSONNEL TO PLACE ORDERS

Purchase Order Required **YES / NO** 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Corporation **YES / NO** Sole Proprietor **YES / NO**

If yes, please sign for authorization of personal credit report \_\_\_\_\_  
Signature

*A MINIMUM OF \$100,000 LIABILITY INSURANCE IS REQUIRED BY TRANS BORDER LEASING, LLC AND MUST BE THE ADDITIONAL INSURED & LOSS PAYEE*

INSURANCE

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Yard Address (Where trailer will be kept) \_\_\_\_\_

BANK REFERENCE

Name \_\_\_\_\_ Account# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

*PLEASE PROVIDE THREE OF YOUR MOST CURRENT TRADE REFERENCES*

TRADE REFERENCES

1 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

2 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

3 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Information provided by \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_