

CONFIDENTIAL CREDIT APPLICATION

Please complete and return to:
NETS Trailer Leasing of NJ, LLC.
Attn: Credit Dept. Fax: 609-499-8616
1808 River Road
Burlington, NJ 08016



NETS Trailer Leasing of NJ, LLC
Leasing • Sales • Service • Parts • Logistics

INCOMPLETE OR MISSING INFORMATION WILL DELAY THE PROCESSING OF THIS APPLICATION

Company Name: _____ Date: _____
Physical Address: _____ Main Contact _____ Phone: _____
City _____ State _____ Zip _____ A/P Contact: _____ Phone: _____
A/P E-mail: _____ Fax#: _____
Billing Address (if different): _____
Number of Employees _____ Ever Filed Bankruptcy? **Yes No** Tax Exempt for Trailer Rentals? **Yes No** (if yes form required)
Date Began Operations _____ Date Incorporated ____/____/____ P.O. # Required? **Yes No**
Is your business a Corporation ____ Partnership ____ *Sole Proprietor ____ (*If Sole Proprietor, more information may be required)
Type of Business _____ Affiliated Co. _____
FED Tax ID# _____ MC# _____ DOT# _____
Tractor Power Equipment (number of): Leased/Rented _____ Financed _____ Owned _____
Trailers (number of): Leased/Rented _____ Financed _____ Owned _____ Drivers (number of): Co. Employed ____ Owner/Ops ____

BANK AND TRADE REFERENCES (Include Equipment Rental, Lease, and Financial References)

Bank Name: _____ Contact: _____
Checking Account #: _____ Since _____ Phone: _____
Other Account #: _____ Since _____ Phone: _____
Supplier (1): _____ City: _____ State: _____ Contact: _____
Phone: _____ Fax: _____ Email: _____
Supplier (2): _____ City: _____ State: _____ Contact: _____
Phone: _____ Fax: _____ Email: _____
Supplier (3): _____ City: _____ State: _____ Contact: _____
Phone: _____ Fax: _____ Email: _____

INSURANCE INFORMATION (North East Trailer Services, Inc requires a valid insurance certificate prior to any delivery or pick up of trailers)

Insurance Company: _____ Address: _____ Local Contact: _____
Phone: _____ Fax: _____ Email: _____

- 1. NETS Trailer Leasing of NJ, LLC must be named Additional Insured and Loss Payee (on the certificate).
- 2. Minimum of \$1m liability coverage
- 3. Physical Damage coverage
- 4. Certificate Holder: NETS Trailer Leasing of NJ, LLC

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Applicant authorizes NETS Trailer Leasing of NJ, LLC to investigate the above information and references, and for the references to release verbal and written information to North East Trailer Services, Inc. By signing below, I represent and warrant that I am authorized to open accounts on behalf of the applicant, I am the individual identified below.

Authorized Signature: _____ Printed Name: _____ Title: _____

BANK AUTHORIZATION REQUEST FORM

Bank name: _____

Bank Contact: _____

Name on Acct: _____

Account #: _____

Signature for release of financial information:

X _____

Printed Name: _____

Title: _____



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*****CONFIDENTIAL*****

The above customer has submitted your company as a bank reference. NETS Trailer Leasing of NJ, LLC would appreciate if you could provide to us the following information requested in complete confidence. Thank you in advance for your cooperation in this matter. Please fax back to 609-499-8616.

Date Account Opened: _____

Account Type: _____

Average Balance: _____

Recent High: _____

Present Balance: _____

Does the account issue NSF checks? _____

Number of accounts with your bank: _____

(If more than one account, please provide information for all accounts.)

Date: _____ Signed: _____

Please print name and title: _____

Sincerely,

NETS Trailer Leasing of NJ, LLC.

(609) 499-9700 Phone

(609) 499-8616 Fax