

CONFIDENTIAL CREDIT APPLICATION

Please complete and return to:

NETS Trailer Leasing of PA, LP

Attn: Credit Dept.

Fax: 717-747-1495

112 W. Crone Rd

York, PA 17406



North East Trailer Services
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 (NETS Trailer Leasing of PA, LP 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 PA, LP 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 PA, LP

1808 River Road
Burlington, NJ 08016

Applicant authorizes NETS Trailer Leasing of PA, LP. to investigate the above information and references, and for the references to release verbal and written information to NETS Trailer Leasing of PA, LP. 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 PA, LP. 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 717-747-1495.

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 PA, LP.

(717) 747-1489 Phone

(717) 747-1495 Fax