

# COMMONWEALTH TRAILER RENTALS INC.

CREDIT APPLICATION - BUSINESS - STORAGE

OUR TERMS ARE NET 10 DAYS

P O BOX 877 ASHLAND, VA 23005

804-798-1099

FAX# 804-752-7482

## NAME OF BUSINESS (BILLING ADDRESS)

LEGAL BUSINESS NAME \_\_\_\_\_ FED ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_ FAX # \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ EMAIL \_\_\_\_\_

## PHYSICAL LOCATION OF BUSINESS

STREET ADDRESS \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

## FORM OF BUSINESS (CHECK APPLICABLE DESCRIPTION)

\*\*TAX EXEMPT: YES / NO  
(PLEASE CIRCLE ONE)

If exempt, please attach exemption certificate.

PROPRIETORSHIP	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>
CORPORATION	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

OWNERS' NAME & SOCIAL SECURITY NUMBERS (if other than Corporation): \_\_\_\_\_

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS: \_\_\_\_\_

## PAYABLES

PERSON TO CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
THE BELOW LISTED INDIVIDUALS, AMONG OTHERS, WILL BE PLACING ORDERS

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ANYONE PLACING ORDERS ON OUR BEHALF IS DEEMED AUTHORIZED. \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ARE PURCHASE ORDERS REQUIRED TO CHARGE YOUR ACCT.? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

DELIVERY DOCUMENT IS THE CONTRACT. IS THIS SUFFICIENT? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

## BANK REFERENCE:

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK ACCOUNT # \_\_\_\_\_ FAX #: \_\_\_\_\_

**TRADE REFERENCES:**

NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ Fax#: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ Fax#: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ Fax#: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

\_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**DELIVERY INFORMATION**

**INTENDED USE OF EQUIPMENT:**

PERSON TO CONTACT: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EARLIEST DELIVERY TIME: \_\_\_\_\_ AM / PM

LATEST DELIVERY TIME: \_\_\_\_\_ AM / PM

**NO DELIVERIES BETWEEN:** \_\_\_\_\_

ANY RESTRICTIONS? \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAN A TRACTOR TRAILER (45') BACK INTO LOT OR DOCK? \_\_\_\_\_

I hereby represent that I am authorized to submit this application on behalf of the customer named above for credit and understand that the information provided is for the purpose of Trailer Rentals Inc. to inquire into and obtain from any bank, lending institution, credit reference or credit reporting agency, whether listed on the Credit Application or not, any and all information relating to my credit worthiness or financial condition. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to me in the event of default or failure to pay for goods and/or services sold and delivered. I further represent that I have the financial ability and willingness to pay all invoices within the NET 10 DAY terms.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE TITLE

NAME: \_\_\_\_\_  
PRINTED NAME

INTERNAL USE ONLY:  
NUMBER OF TRAILERS APPROVED: \_\_\_\_\_  
INSURANCE ON FILE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_