



Customer Name:		TIN or SS# (If Individual DBA):
Physical Address:	City, State, Zip:	County:
Billing Address	City, State, Zip	
Contact/ Title:	Phone:	Fax:
Owner Address:	City, State, Zip:	Social Security #:
Description of Business:		
Year Started Business:	#of Employees:	# of Units Requested:
Sales/ Use Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt #:	PO Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

BANK REFERENCE

Bank Name/ Branch:	Account #:
Contact/ Title	Phone: Fax:

TRADE REFERENCES

Trade Name #1	Contact	Phone:	Fax:
Trade Name #2	Contact	Phone:	Fax:
Trade Name #3	Contact	Phone:	Fax:

INSURANCE INFORMATION

We require a valid, current insurance certificate naming Superior Trailer Leasing as additional insured and loss payee prior to any transaction.

Liability Company/ Agency:	Contact	Phone:	Fax:
Physical Damage Company/ Agency:	Contact	Phone:	Fax:
Scheduled Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

The information given above is true and complete. Superior Trailer Leasing may receive from and disclose to other persons, including credit reporting agencies about Applicant's account and credit experience, and Applicant authorizes any person to release to Superior Trailer Leasing, credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account on Applicant made by Superior Trailer Leasing.

In consideration of being allowed the privilege of an open credit account, the undersigned, an authorized representative of the above named company applying for credit, hereby agrees to abide by the terms of Superior Trailer Leasing rental agreements, including, but not limited to, Superior Trailer Leasing credit terms. Invoices are due 30 days following the date of the invoice. Applicant agrees to pay an annual finance charge of 1.5% on any invoice remaining open after 45 days from date of the invoice.

Signed: _____ Title: _____
 Print Name: _____ Date: _____