



Credit Application

This information will be used for credit purposes only. Please complete this form and return via fax to

Date:					
OMPANY INFORMATION:	Sales Rep.				
ustomer Company Name:					
		DOT #			
arent Company, if applicable:					
ype of entity (check one)	<u> </u>	tnership Sole Proprietorship			
illing Address:					
ity	County	State Zip			
•	County	State Zip			
orporate Office Address:	County	Chaha 7in			
ity	County	State Zip			
hone:		Fax:			
Veb address:					
	Number of years in business:				
Provide 3 years (2 minimum) of f	on who can provide financial state inancial state inancial statements including Profit &	ments: oss Statement, Balance Sheet, and Cash Flow	Statement.		
ontact information for person on tact information for person of force of the company Principals:	inancial statements including Profit &	oss Statement, Balance Sheet, and Cash Flow	Statement.		
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ontact information for person Provide 3 years (2 minimum) of f Company Principals:	inancial statements including Profit &	oss Statement, Balance Sheet, and Cash Flow	Statement.		
Ontact information for personal persona	Title Phone	Email	Statement.		
ontact information for person Provide 3 years (2 minimum) of f Company Principals:	inancial statements including Profit &	oss Statement, Balance Sheet, and Cash Flow	Statement.		
Ontact information for personal contact information for personal c	Title Phone Phone	Email Fax Number	Statement.		
Ontact information for personal provide 3 years (2 minimum) of for	Title Phone Phone Contact:	Email Fax Number Email:	Statement.		
Ontact information for personal persona	Title Phone Phone	Email Fax Number	Statement.		
Provide 3 years (2 minimum) of f Company Principals: Name References: Bank Reference Name Account Number: Trade Reference Company Name	Title Phone Phone Contact:	Email Fax Number Email:	Statement.		

Chemical Distributor				
Environmental Company				
Other, Please specify				
Who makes your decisions to lease equipment?				
Name:				
Title:				
Email:				
Phone:				
What type of equipment are you interested in leasing?				
Tank Trailers / Chassis				
DOT 307 / 407				
DOT 312 / 412				
MC 331				
Drop Frame Chassis				
Others, Please specify				
What type of equipment does your company use?				
• • • •				
Description	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
		Quantity	Age	Owned/Leased
Description		Quantity	Age	Owned/Leased
Description		Quantity	Age	Owned/Leased
Please attach a sheet to the back of this application if more	e lines are needed.		Age	Owned/Leased
Please attach a sheet to the back of this application if more Insurance: Do you have automobile general liability coverage of a	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more Insurance: Do you have automobile general liability coverage of a Do you have property and casualty coverage of at leas	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more Insurance: Do you have automobile general liability coverage of a	e lines are needed. It least \$5 million per person p It \$1 million?	per occurrence?		Owned/Leased

the coverages above.

issue and insurance certificate naming Matlack Leasing, LLC as named insured with

Type of Business:

Maintenance:

Do you run your own maintenance?

Do you subcontract your maintenance?

If yes,

If yes,

Number of mechanics:

Number of Bays:

Vendor Name: Phone:

Common Carrier
Intermodal Carrier

Operator

How did you	ı hear about	t us?						
Matlack periodically sends out product and inventory information via email.								
Would you like to receive this information?								
Yes	s No	0						
Print Name:						<u>Date:</u>		
Title:								
Signature:								

Sales and Marketing: