

Contact Information		
Company Name:		Federal Tax I.D. #:
Street Address:		PO Box:
City:	State:	Zip Code:
Contact Name:	Phone Number:	Email contact:
Business Type: <input type="checkbox"/> Sole Proprietor / <input type="checkbox"/> Partnership / <input type="checkbox"/> Corporation		
How long in business?:		

Principle Owners, Officers, Stockholder's and/or Directors		
Name	Title	SS# or FEI #

Bank References		
Bank Name:	City/Branch:	Phone Number:
Checking A/C #:	Loan A/C #:	Date Opened*:
<i>*If account open less than 2 years please list prior bank reference in the space below:</i>		
Bank Name:	City/Branch:	Phone Number:
Checking A/C #:	Loan A/C #:	Date Opened*:

Trade References		
Name	City/State	Phone #
1.		
2.		
3.		
4.		
5.		

Other Information		
Are Purchase Orders Required?: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Tax Status (if exempt, certificate must be attached): <input type="checkbox"/> Exempt / <input type="checkbox"/> Not Exempt	
Do you have Physical Damage Coverage for Rental Equipment?: <input type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, what are your limits:	(A certificate of insurance must be attached to verify sufficient coverage.)	
Bonding Company (Name/Address):		

For the purpose of establishing credit with Prime Trailer Leasing, I hereby authorize the above names bank and trade references to furnish the requested account/credit information.		
<input type="checkbox"/> I have reviewed and accept the terms and conditions that can be found at primetrailer.com.		
Signature:	Title:	Date: