



844.293.5266 260.432.4677 towerleasingllc.com

Confidential Storage Rental Credit Application

Date: _____

Customer Information

D&B # _____

Customer Name _____ Phone _____
Street Address _____ Fax _____
City _____ State _____ Zip Code _____
Billing Address (If Different) _____ FEIN # _____
A/P Contact _____ Phone _____
Company Ever Filed Bankruptcy? Yes _____ No _____ If so, When? _____

Date Company Began Operations _____ Company Structure: Proprietorship _____ Partnership _____ Corp. _____
Date Established _____ PO Required? _____
Names Authorized to Issue PO _____
Is Company Tax Exempt for Rentals? Yes _____ NO _____
If Yes, a completed Tax Exempt Certificate must be Provided with this Application.
Storing Hazardous, Refuse, or Waste? Yes _____ No _____
If Yes, List type of Material _____

Insurance

Insurance Agent _____ Contact _____ Phone _____
Insurance Company _____
Liability Policy # _____ Comp./Coll. Policy _____
Tower Trailer Leasing LLC must be listed as "Additional Insured" and "Loss Payee" on all Insurance Certificates.

Credit Request

Type of Equipment Wanted _____ Quantity _____

I (we) hereby grant permission for Tower Trailer Leasing to verify credit information. I (we) understand and agree to abide by the Conditions stated on rental/lease agreements and attest that all information given on this application is true and correct according to my (our) best knowledge and belief.

(Signature) (Print Name) (Title)

Note: Financial Statements may be required to establish credit. Tower Trailer Leasing LLC payment terms are net 10 days. A Finance Charge of 1 1/2% will be assessed on any amount past due.

By signing below, I authorize Tower Trailer Leasing LLC to charge the following credit card number:

MC / VISA (circle one). Credit Card #: _____ Exp. Date: _____ CVV# _____

Signature: _____

Print: _____ Date: _____