



matlack leasing, llc.

2015 CREDIT INFORMATION & NEW ACCOUNT APPLICATION

This information will be used for credit purposes only.

Please complete and return via fax to 610-595-0355 Attn: Credit OR via email to oadams@matlackleasing.com

Please attach last year's financial statements and last year's profit and loss statement.

Full Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

WHO MAKES YOUR DECISIONS TO LEASE EQUIPMENT?

Name: _____

Email: _____

Phone: () _____ x _____ Fax: () _____

WE PERIODICALLY SENDS OUT PRODUCT AND INVENTORY INFORMATION VIA FAX AND/OR EMAIL. DO YOU WANT TO RECEIVE SUCH INFORMATION?

YES NO

HOW DID YOU FIND OUT ABOUT US?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Sales Representative / Agent Call
Spotted a Matlack unit on the road

Visited a Matlack depot

Referred by an existing customer: _____

Internet search engine: _____

Other: _____

DO YOU HAVE AUTOMOBILE/GENERAL LIABILITY COVERAGE OF AT LEAST \$5 MILLION PER PERSON PER OCCURENCE?

YES NO

DO YOU HAVE PROPERTY AND CASUALTY COVERAGE OF AT LEAST \$1,000,000?

YES NO

What is the extent of your coverage, if less than \$1,000,000? \$ _____

IF YOUR NEED FOR EQUIPMENT IS URGENT, YOU CAN SAVE TIME BY ASKING YOUR INSURERS TO ISSUE AN INSURANCE CERTIFICATE NAMING MATLACK LEASING, LLC. AS NAMED INSURED WITH COVERAGES AS ABOVE.



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WHAT TYPE OF UNITS ARE YOU INTERESTED IN LEASING? (check as many as apply):

Tank Trailers

307/407 312/412 331 others

Tank Containers

T-11 T-20 T-50

Tank Chassis

drop frame

WHAT LEASE PLANS ARE YOU INTERESTED IN AT THIS POINT? (check as many as apply):

Short Term Lease (Less than one year)
 Term Lease (One year or longer)

1.) Fleet Owned or Leased - please specify type (tractors, trailers, chassis), quantity and whether owned or leased (add an additional sheet if necessary):

<i>Description</i>	<i>Type</i>	<i>Age</i>	<i>Lessee or lien holder</i>

2.) Maintenance Program - how do you maintain your equipment?:

Run your own maintenance? # of mechanics: _____ # of bays: _____

Subcontracted maintenance? Vendor: _____ Vendor Phone: _____

3.) Years in Business: _____

4.) Ownership: Partnership Corporation Sole Shareholder Multiple Shareholders

Date & State of Incorporation: _____

Major shareholder or sole shareholder information:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>

Officers:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>



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5.) Type of Business:

- Common Carrier
 Intermodal Carrier
 Operator
 Chemical Company
 Chemical Distributer
 Environmental Company

6.) Annual Revenue for the last three years:

7.) Operating Rights:

8.) Top 3 Customers:

<i>Customer</i>	<i>Contact</i>	<i>Telephone</i>	<i>May we call?</i>

9.) Top 3 Vendors:

<i>Customer</i>	<i>Contact</i>	<i>Telephone</i>	<i>May we call?</i>

10.) Bank Reference:

Name: _____

Address: _____

Contact: _____ Phone: _____