



**matlack leasing. llc.**

**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: *mmarx@matlackleasing.com*.**

**Please attach two (2) years of financial information including:**

**a P&L, Balance Sheet and Cash Flow Statement for each year.**

Full Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**WHO MAKES YOUR DECISIONS TO LEASE EQUIPMENT?**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ x \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**MATLACK 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?**

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:**

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**7.) Operating Rights:**

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**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: \_\_\_\_\_