

CREDIT INFORMATION & NEW ACCOUNT APPLICATION

Provide 3 years (2 minimum) of financial statements including a Profit & Loss Statement, Balance Sheet, and Cash Flow Statement.

This information will be used for credit purposes only. Please complete this form and return via fax to (610) 595-0355 or email to operations@matlackleasing.com.

COMPANY INFORMATION _____ DOT #: _____ Company Legal Name: Address: ______ State: _____ Zip: _____ Phone: Fax: Type of Business: Common Carrier Intermodal Carrier Operator Chemical Company Chemical Distributer Environmental Company Other, Please Specify Who makes your decisions to lease equipment? Name: Email: Phone: Fax: **EQUIPMENT** 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

Date Updated: December 21, 2020

| Description | Ту | pe | Quantity | Age | Owned/Leased |
|------------------------------------------------|-------------------|-----------------|------------------|--------------|---------------------|
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| ease attach a sheet to the back of this app | lication if moi | e lines are ne | eded. | | |
| SURANCE | | | | | |
| o you have automobile general liability cov | verage of at le | ast \$5 million | per person pe | r occurren | ce? |
| | | иот ү о | , po. po. oo po | | |
| └── Yes ├── No | | | | | |
| _ | | | | | |
| o you have property and casualty coverage | e of at least \$1 | million? | | | |
| Yes | | | | | |
| □ No | | | | | |
| /hat is the extent of coverage if less than \$ | 1 million? | | | | |
| f your need for equipment is urgent, you ca | n save time by | asking your i | insurers to issu | e and insur | ance certificate |
| aming Matlack Leasing, LLC as named insu | red with the c | overages abo | ve. | | |
| MAINTENANCE | | | | | |
| o you run your own maintenance? | Yes | ☐ No | | | |
| If, yes. # of Mechanics | | | # of Ba | v.c. | |
| | | | _ | ys. <u> </u> | |
| o you subcontract your maintenance? | Yes | No | | | |
| | | | _ Phor | ne: | |
| If, yes. Vendor Name: | | | | | |
| If, yes. Vendor Name: | | | | | |
| If, yes. Vendor Name: | | | | | |
| | | luding a Profi | it & Loss Stater | nent, Balar | nce Sheet, and Cash |

| Name | Title | Phone | Email |
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| RENCES | | | |
| | | | |
| Reference: | | | |
| Bank Name | Address | Contact | Phone |
| | | | |
| | | | |
| Customers: | | | |
| | Contact | Dhone | May Ma Call2 |
| Customer Name | Contact | Phone | May We Call? |
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