



## **Credit Application**

This information will be used for credit purposes only. Please complete this form and return via fax to

ate:	(/	ations@matlackleasing.com.			
OMPANY INFORMATION:		Sales Rep.			
ustomer Company Name:					
		DOT #			
• • •					
rpe of entity (check one)		rtnership Sole Proprietorship			
lling Address:					
-	Country	Ctata 7in			
ty	County	State Zip			
orporate Office Address:	Country	7			
У	County	State Zip			
one:		Fax:			
eb address:					
	Number of years in business:				
ntact information for personous of force of the second sec	on who can provide financial stat	·	<mark>ow Stateme</mark> r		
ntact information for person or pers	Financial statements including Profit &	ements: Loss Statement, Balance Sheet, and Cash Fl	ow Statemen		
ontact information for personovide 3 years (2 minimum) of		ements:	ow Statemen		
ontact information for personovide 3 years (2 minimum) of	Financial statements including Profit &	ements: Loss Statement, Balance Sheet, and Cash Fl	ow Statemen		
	Financial statements including Profit &	ements: Loss Statement, Balance Sheet, and Cash Fl	ow Statemen		
ontact information for person rovide 3 years (2 minimum) of f Company Principals:	Financial statements including Profit &	ements: Loss Statement, Balance Sheet, and Cash Fl	ow Statemer		
ntact information for personovide 3 years (2 minimum) of formation of formation of formation of the second of the	Financial statements including Profit &  Title Phone	Email	ow Statemer		
ntact information for personovide 3 years (2 minimum) of formation for personovide 3 years (3 minimum) of formation for personovide 3 y	Financial statements including Profit &	ements: Loss Statement, Balance Sheet, and Cash Fl	ow Statemen		
ntact information for personal covide 3 years (2 minimum) of formation for personal company Principals:  Name  References:  Bank Reference Name	Title Phone	Email  Fax Number	ow Statemer		
ntact information for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of formation for person rovide 3 years (2 minimum) of for person rovide 3 years (3 mi	Financial statements including Profit &  Title Phone	Email	ow Statemen		
ntact information for person or pers	Title Phone  Phone  Contact:	Email  Fax Number  Email:	ow Statemen		
covide 3 years (2 minimum) of for person covide 3 years (2 minimum) of for person company Principals:  Name  References:  Bank Reference Name  Account Number:  Trade Reference Company Name	Title Phone  Phone  Contact:	Email  Fax Number  Email:	ow Statemer		

Chemical Distributor				
Environmental Company				
Other, Please specify				
Who makes your decisions to lease equipment?				
Name:				
Title:				
Email:				
Phone:				
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				
What type of equipment does your company use?				
• • • •				
Description	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
	Туре	Quantity	Age	Owned/Leased
		Quantity	Age	Owned/Leased
Description		Quantity	Age	Owned/Leased
Description		Quantity	Age	Owned/Leased
Please attach a sheet to the back of this application if more	e lines are needed.		Age	Owned/Leased
Please attach a sheet to the back of this application if more  Insurance:  Do you have automobile general liability coverage of a	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more  Insurance:  Do you have automobile general liability coverage of a  Do you have property and casualty coverage of at leas	e lines are needed. ut least \$5 million per person p		Age	Owned/Leased
Please attach a sheet to the back of this application if more  Insurance:  Do you have automobile general liability coverage of a	e lines are needed. It least \$5 million per person p It \$1 million?	per occurrence?		Owned/Leased

the coverages above.

issue and insurance certificate naming Matlack Leasing, LLC as named insured with

Type of Business:

Maintenance:

Do you run your own maintenance?

Do you subcontract your maintenance?

If yes,

If yes,

Number of mechanics:

Number of Bays:

Vendor Name: Phone:

Common Carrier
Intermodal Carrier

Operator

Sales and Marketing:	
How did you hear about us?	
Matlack periodically sends out product and inventory information via email.	
Would you like to receive this information?	
Yes No	
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the under that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the final institutions listed in this credit application to release necessary information to the company for which credit is being applied for in coverify the information contained herein.	ncial
Print Name: Date:	
Title:	
Signature:	