

**MAD TRAILER LEASING LLC.
CREDIT APPLICATION**

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FAX BACK TO 330-422-8922

PLEASE PRINT OR TYPE

PERSONAL INFORMATION			
NAME: FIRST	M. I.	LAST	DATE:
SOCIAL SECURITY NUMBER	DATE OF BIRTH	NUMBER TRUCKS	NUMBER OF TRAILERS
ADDRESS	COUNTY	YEARS AS OWNER/OP	PHONE NUMBER
CITY, STATE, ZIP CODE	HOW LONG?		CELL
FORMER ADDRESS (FIVE YEAR MINIMUM)			HOW LONG?
BUSINESS NAME	INCORP.		TAX I.D. NUMBER
TAX EXEMPTION NO.	PUCO #		BUSINESS PHONE NO.
EMAIL ADDRESS:			
COMPANY WEBSITE:			

TRUCK USAGE
HOW LONG AS OWNER/OPERATOR?
TRUCK TO WORK FOR - COMPANY NAME & ADDRESS

CURRENT FLEET SIZE
NO. OF TRACTOR/TRUCKS
NO. OF TRAILERS

HAUL REFERENCES			
1. NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION	HOW LONG?
2. NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION	HOW LONG?
3. NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION	HOW LONG?

TRACTOR/TRAILER/EQUIPMENT CREDIT REFERENCES			
1. NAME OF FINANCE COMPANY	PHONE NO.	SECURITY	ACCOUNT NO.
2. NAME OF FINANCE COMPANY	PHONE NO.	SECURITY	ACCOUNT NO.
3. NAME OF FINANCE COMPANY	PHONE NO.	SECURITY	ACCOUNT NO.

FOR THE PURPOSE OF ESTABLISHING AND MAINTAINING CREDIT, THE UNDERSIGNED SUBMITS THE FOREGOING STATEMENT AND INFORMATION CONTAINED ON THIS SHEET, BOTH WRITTEN AND PRINTED, AND INCLUDING SUPPLEMENTAL SHEETS, IF ANY, AS BEING A FULL TRUE & EXACT STATEMENT. THE UNDERSIGNED HEREBY AUTHORIZES INQUIRIES INTO, TO REQUEST, AND TO RECEIVE ANY INFORMATION FROM CREDITORS WHICH DEEMS RELEVANT FOR THE GRANTING AND COLLECTION OF THE PROPOSED BORROWING.

SIGNATURE

DATE