



FAX BACK TO: (954) 971-2415
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BUSINESS
CREDIT APPLICATION

TO TRI LEASING CORP. FOR THE PURPOSE OF OBTAINING CREDIT FROM YOU, OR AS A BASIS OF CREDIT FOR FUTURE BUSINESS, THE FOLLOWING COMPLETE STATEMENT IS MADE: IT IS AGREED THAT I/WE NOTIFY YOU PROMPTLY, SHOULD THERE BE ANY MATERIAL CHANGE IN MY FINANCIAL CONDITION.

Legal Business Name:		Business Type (Circle One): * C-Corp * S-Corp * LLC * LP * General Partnership			
Doing Business As (DBA):		County:	Phone Number:	Fax Number:	
Business Address:	City, State, Zip:		Federal Tax ID:	Email Address:	
Business Start Date:			Website:		
Principal 1 Name:	Social Security #:	% of Ownership:	Phone Number:		
Home Address:	City, State, Zip:			Birthdate:	
Principal 2 Name:	Social Security #:	% of Ownership:	Phone Number:		
Home Address:	City, State, Zip:			Birthdate:	
Bank Name:	Loan or Line of Credit:	Phone Number:	Fax Number:	Contact Person:	
Currently Owned:	No. of Trucks/Tracktors:	No. of Trailers:	No. of Other:		
Name of Equipment Lenders:	Account Number:		Phone Number:	Contact Name:	
Ever Filed Bankruptcy?	Yes or No (Circle One)	Date:	Chapter:		
Ever Had Goods/Vehicles Repossessed?	Yes or no (Circle One)	Date:			
If Yes, Describe Circumstances:					
Guarantor:	Address:	City, State, Zip:	Birthdate:	Social Number:	

I/WE ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT IF APPLICABLE. THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL. THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION, AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMES BANK(S), TRADE AND/OR OTHER CREDIT REFERENCE(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOU.

I/WE FURTHER REPRESENT THAT SAID EQUIPMENT SHALL BE USED FOR A COMMERCIAL PURPOSE AND SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.

Signature: _____ **Title:** _____ **Date:** _____

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Signature of Guarantor: _____ **Date:** _____