

CS TRAILER RENTAL

APPLICATION FOR CREDIT

1628 S. Commerce St
Paulsboro, NJ 08066

Date: _

856-224-0024 856-224-0095 - Fax

BUSINESS INFORMATION

Business Legal Name:		Time in Business Under Current Ownership:	Federal ID Number:
Business Mailing Address:		City/County	State Zip
Type of Ownership:	Business Phone Number: ()	Business Fax Number: ()	Mobile Number: ()
<input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input checked="" type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> Corporation	State of Incorporation:	Year of Incorporation:	Business E-Mail:

PRINCIPAL INFORMATION (100% Ownership disclosure required.)

Name (First-Middle-Last)	Date of Birth	Title	% Ownership:	SSN:
Present Address:			City/County	State Zip
			Home Phone Number: ()	
Other Owner/Guarantor:	Title:	Address:	% Ownership:	SSN:

HAULING INFORMATION

Where do you haul?:	
What is hauled?:	Phone Number: ()
Who do you haul for?:	Contact:
State you will tag in:	

BANK/CHECKING INFORMATION (If checking acct. less than 2 years; provide previous acct. number/bank)

	CK	SV
	CK	SV

CREDIT REFERENCES: (LARGEST SUPPLIERS OR VENDORS)

Company Name:	Contact:	Phone Number: ()	Fax Number:
			Fax Number:
X.		X	
Company Name:	Contact:	Customer/Authorized Signature & Title	

Customer/Authorized Signature & Title