



semi-trailer sales and leasing

P.O. Box 6340
Broadview IL 60155

708.344.8700 phone
708.865.7573 fax

www.netcorptrailers.com

CREDIT APPLICATION

COMPANY INFORMATION

NAME OF COMPANY _____ CORP _____ PAT _____ INDIV _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS LOCATION _____ CITY _____ STATE _____

DO YOU OWN OR RENT _____ LANDLORD OR MORTGAGE CO. _____

PHONE _____ CONTACT _____

BUSINESS START DATE _____ (IF LESS THAN 5 YEARS ATTACH COPY OF INCORPORATION)

NAMES TO AUTHORIZE BUSINESS _____

ALT. PHONES (CELL) _____ FAX No. _____

FEDERAL I.D. NO. _____ FEDERAL AUTHORITY _____

(ATTACH COPY OF FEDERAL AUTHORITY)

OWNER INFORMATION

NAME _____ HOME PHONE _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ ALT. PHONE _____ DATE OF BIRTH _____

NAME OF LANDLORD OR MORTGAGE HOLDER _____

PHONE NO. & CONTACT _____

SOCIAL SECURITY NO. _____ DRIVERS LIC. NO _____

(PHOTO COPY ATTCHD.)



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CREDIT REFERENCES
(ONLY WHERE CREDIT HAS BEEN ESTABLISHED)

COMPANY NAME _____ PHONE _____

CONTACT _____ ACCT.# _____

CITY & STATE _____ SERVICE PROVIDED _____

COMPANY NAME _____ PHONE _____

CONTACT _____ ACCT.# _____

CITY & STATE _____ SERVICE PROVIDED _____

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BANK INFORMATION

BUSINESS ACCOUNT

PERSONAL ACCOUNT

BANK NAME _____ BANK NAME _____

CHECKING ACCT.# _____ CHECKING ACCT.# _____

CONTACT NAME _____ CONTACT NAME _____

PHONE _____ PHONE _____

INSURANCE INFORMATION

INSURANCE COMPANY _____

CONTACT NAME _____ PHONE _____ FAX _____

DOES THIS POLICY COVER LIABILITY AND PHYSICAL DAMAGE _____

NETCORP TRAILERS INC REQUIRES ONE MILLION (1,000,000.00) OF LIABILITY INSURANCE ALONG WITH PHYSICAL DAMAGE INSURANCE. NETCORP TRAILERS MUST BE NAMED AS ADDITIONAL INSURED AND LOSS PAYEE.

COMPANY NAME _____

OWNERS NAME _____

SIGNATURE _____ DATE _____



NetCorp Trailers, inc.

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RELEASE OF INFORMATION AUTHORIZATION

I/WE AUTHORIZE _____ TO RELEASE MY BANK
(BANK NAME)
INFORMATION (BUSINESS AND PERSONAL) TO NETCORP TRAILERS INC.

BUSINESS NAME _____

OWNERS NAME _____

ACCT. NO. _____ ACCT. NO. _____

OWNERS SIGNATURE _____