

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		The second secon			
CITY	STATE	ZIP	PH	IONE	
BUSINESS LOCATION_		CITY		STA	TE
DO YOU OWN OR RENT	LANDLORD OR MORTO	GAGE CO			
PHONE	CONTACT				
BUSINESS START DATE	(IF LESS THAN 5	YEARS ATTA	СН СОРУ	OF INCOR	PORATION)
NAMES TO AUTHORIZE BUS	SINESS				•
ALT. PHONES (CELL)	FA	X No			
FEDERAL I.D. NO	FEDERAL	AUTHORITY			
(ATTACH COPY OF FEDERA	L AUTHORITY)				
	OWNER INFOR	MATION			
NAME		-	PHONE		
	ALT. PHONE				
NAME OF LANDLORD OR M	ORTGAGE HOLDER				
	A				
	DRIV				
	(РНОТ	О СОРУ АТТО	CHD.)		



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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.#
	SERVICE PROVIDED
COMPANY NAME	PHONE
CONTACT	ACCT.#
CITY & STATE	SERVICE PROVIDED_
COMPANY NAME	PHONE
CONTACT	ACCT.#
CITY & STATE	SERVICE PROVIDED

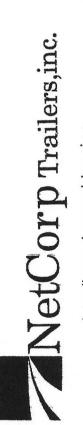


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## **BANK INFORMATION**

BUSINESS ACCOUNT	PERSONAL ACCOUNT
BANK NAME	BANK NAME
CHECKING ACCT.#	CHECKING ACCT.#
CONTACT NAME	CONTACT NAME
PHONE	PHONE
INSURANCE IN	FORMATION
INSURANCE COMPANY	
CONTACT NAME	PHONEFAX
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 T	RAILERS MUST BE NAMED AS ADDITIONAL
INSURED AND LOSS PAYEE.	
COMPANY NAME	
OWNERS NAME	
SIGNATURE	DATE



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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.	JETCORP TRAILERS INC.
BUSINESS NAME	
OWNERS NAME	
ACCT. NO.	ACCT. NO.
OWNERS SIGNATURE	