

## **CREDIT APPLICATION**

## **RENTAL DEPARTMENT**

SEND COMPLETED APPLICATIONS TO 602-272-8936 or Rentals@DesertTrailer.com

BUSINESS / OWNER INFORMATION					
BUSINESS NAME/LESSEE	YEARS OF DRIVER EXP	AGE OF BUSINESS	TELEPHONE #	FAX #	
EMAIL	FEDERAL TAX #	TRUCKS IN FLEET	TRAILERS IN FLEET	DOT#	
ADDRESS (STREET) CITY	ST	ZIP CODE		COUNTY	
TYPE OF BUSINESS	GROSS REVENUES	( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) CORPORTATION ( ) LLC ( ) OTHER			
PRINCIPAL'S NAME *ATTACH ADDITAL SHEET IF NEEDED	TITLE	% OWNER	SOCIAL SECURITY #		
HOME ADDRESS (STREET)	Y ST	ZIP CODE	DATE OF BIRTH	DRIVERS LICENSE #	
MARRIED? YES NO SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY #		
INSURANCE AGENT	CONTACT		PHONE/EMAIL		
BANK INFORMATION					
BANK NAME	ACCOUNT #	ACCOUNT #		ADDRESS	
TELPHONE #	ACCOUNT#	ACCOUNT#		ADDRESS	
*ATTACH ADDITIONAL SHEETS IF NEEDED					
TRADE REFERENCES					
COMPANY NAME	ACCT#/CONTACT		DATE OPENED	TERMS	
ADDRESS	TELEPHONE #/EMAIL		HIGH CREDIT	BALANCE	
COMPANY NAME	ACCT#/CONTACT		DATE OPENED	TERMS	
ADDRESS	TELEPHONE #/EMAIL		HIGH CREDIT	BALANCE	
*ATTACH ADDITIONAL SHEETS IF NEEDED					
HAUL REFERENCES					
COMPANY NAME	ACCT#/CONTACT	ACCT#/CONTACT		INSERVICE DATE	
ADDRESS	TELEPHONE #/EMAIL	TELEPHONE #/EMAIL		TYPE OF FRIEGHT	
COMPANY NAME	ACCT#/CONTACT	ACCT#/CONTACT		INSERVICE DATE	
ADDRESS	TELEPHONE #/EMAIL		TYPE OF FRIEGHT		
*ATTACH ADDITIONAL SHEETS IF NEEDED			l		
ASSET SCHEDULE					
TRUCK/TRAILER EQUIPMENT	LIENHOLDER (NAME/A	LIENHOLDER (NAME/ACCT#/PHONE #)		VALUE & BALANCE MONTHLY PAYMENT	
		_			

<sup>\*</sup>ATTACH ADDITIONAL SHEETS IF NEEDED

PERSONAL REFERENCES							
NAME			ADDRESS	RELATIONSHIP	PHONE#/EMAIL		
Has the company (Principals & C	wners included)	ever taken Bank	ruptcy protection within the last 10	years? YES NO			
Has the company (Principals & C	)wners included)	ever had items r	repossessed (voluntary or involuntary	y)? YES NO			
DETAILS OF CREDIT REQUEST							
DESIRED CREDIT LIMIT							
NUMBER OF TRAILERS							
PURCHASED ORDERS REQUIRED	?		YES NO				
AUTHORIZED PERSON(S) TO PUR	RCHASE						
	TORNEY FEES INCUI LY IN THE COURTS C	RRED BY DESERT TRAI	DULD IT BE NECESSARY TO EMPLOY AN ATTOF ILER SYSTEMS, INC. IN ANY LITIGATION, THE L IARICOPA, STATE OF ARIZONA.		•		
I HERE AUTHORIZE MY BANKS AND CREE	DITORS TO RELEASE	ANY INFORMATION R	EQUESTED TO ASSIST IN ESTABLISHING A LIN	E OF CREDIT WITH DESE	RT TRAILER SYSTEMS, INC.		
SIGNATURE		DATE	SPOUSE SIGNATURE				
PRINTED NAME			SPOUSE PRINTED NAME				
PERSONAL GUARANTEE							
To induce you to extend credit to	o		(buyer) in connection wit	h buyer's purchase	or rental of equipment		
due and owing to you from the b We also agree to hold harmless	ouyer, including from any loss, da	principal, interest amage and expen	rantee payment by the buyer of all so t or additional charges and expenses uses caused or arising out of any defa AGAINST GUARANTORS	, including collectio	n and attorney fees.		
against the buyer or to collect up	oon any security	or exhaust any le	you may proceed against us, and you egal remedies against the buyer. In a courts of the <b>COUNTY OF MARICOPA</b>	ny litigation, the lav	vs of the <b>STATE OF</b>		
		NON-	WAIVER OF RIGHTS				
By proceeding against us, you sh to proceed against any of the re			ne buyer. If you proceed against any	one of us, you shall	not waive the rights		
-			NOTICES of terms: b) modification of credit line	e: c) acceptance of	this guarantee: d)		
settlements or resolutions of dis	puies. ej deiduli	=	TION OF GUARANTEE				
	-	ven you written not	cice by registered mail, to cancel it. If we sand attorney fees as a result of such cha	_	, we agree that we are		
Invalidity of any portion of this guar	antee shall not ch	ange the obligation	וועאבווטוו ז s contained in the remainder of the guar	antee.			
SIGNATURE (GUARANTOR)		DATE	SIGNATURE (GUARANTOR)		DATE		
ADDRESS			ADDRESS				
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE		