

# METRO TRAILER LEASING CREDIT APPLICATION

Revised August 2011

Sales Rep.: \_\_\_\_\_ Account Number: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date Of Approval: \_\_\_\_\_  
 Online Application

<b>TRAILERS FLATBEDS CONTAINERS MOBILE OFFICES</b>	<b>METRO TRAILER LEASING</b> 1255 S. River Industrial Blvd Atlanta, GA 30315 (404) 622-3138 FAX (205)443-3633	<b>PICK UP &amp; DELIVERY MONTHLY BILLING CYCLE PROMPT AND PROFESSIONAL SERVICE</b>
--	---	---

<b>LEGAL name of company applying for credit:</b> Business Phone: ( ) -                      Business FAX: ( ) -	<b>Company OWNER should also complete the "Personal Applicant" portion.</b>
---	---

BILLING Address: _____ Years in Business:      Years:      Months:	Will you qualify for TAX EXEMPT status?      YES      NO TAX ID NUMBER
---	---

City:	State:	Zip Code:	County:
-------	--------	-----------	---------

<b>PERSONAL APPLICANT:</b>	Middle Initial:	Last Name:	Social Security # (Required):
----------------------------	-----------------	------------	-------------------------------

Home Phone: ( ) -	Date of Birth: / /	Time at Residence:      Years:      Months:	Social Security #      -      -
-------------------	--------------------	---	---------------------------------

City:	State:	Zip Code:	County:
-------	--------	-----------	---------

Name of Spouse: _____ Do You:      Own      Rent      Other	Social Security # (Required):      -      - Monthly Rent / Mortgage Payment:      \$
--	---

Current Employer:	Work Phone: ( ) -	Driver's License #
-------------------	-------------------	--------------------

Position / Occupation	Length of Employment:      Years:      Months:	
-----------------------	--	--

Street Address:	City:	State:	Zip Code:
-----------------	-------	--------	-----------

Annual Income:      \$	Bank Reference:	Account Number:
------------------------	-----------------	-----------------

Past Employer :	Contact Name :	Work Phone : ( ) -
-----------------	----------------	--------------------

<b>BUSINESS CREDIT REFERENCE (NOT a credit card)</b>	Phone: ( ) -
<b>BUSINESS CREDIT REFERENCE (NOT a credit card)</b>	Phone: ( ) -
<b>BUSINESS CREDIT REFERENCE (NOT a credit card)</b>	Phone: ( ) -

***My signature below indicates my authorization for METRO TRAILER LEASING to obtain a national credit report.*** It also indicates my approval for METRO TRAILER LEASING to then extend credit to me on the terms and conditions contained herein.

***I HEREBY PROMISE TO PAY ALL BALANCES FOR SAID BILL IN FULL WITHIN THIRTY (30) DAYS OF THE CHARGE BEING MADE,*** and I agree to pay interest at the rate of **TWO PERCENT (2%)** monthly for any unpaid balance. I further agree to pay all reasonable attorney fees, court costs, and any other expenses incurred by METRO TRAILER LEASING in the event that my account is delivered to an attorney or collection agency for collection.

***Any account NOT PAID IN FULL MONTHLY on the due date will be assessed a \$20 service charge. METRO TRAILER LEASING has the right to cancel my account after my project is completed OR if my payment history shows my account balance is always behind. I also understand that if I fall behind, my account may be "frozen" without notice until payment is received.***

All of which is promised, understood, and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ TITLE IF BUSINESS: \_\_\_\_\_

<b>Type of equipment requested:</b>	Also permitted to charge in my name: _____
-------------------------------------	--