

METRO TRAILER LEASING

**TRAILERS
FLATBEDS
CONTAINERS
MOBILE OFFICES**

1255 S. River Industrial Blvd.
Atlanta, GA 30315
(404) 622-3138
FAX (205) 443-3633

**PICK UP & DELIVERY
MONTHLY BILLING CYCLE
PROMPT AND PROFESSIONAL
SERVICE**

BUSINESS APPLICANT

Business Name:		Company owner should also complete the "Personal Applicant" portion.
Business Phone: () -	Business FAX: () -	
Street Address:		Will you qualify for TAX EXEMPT status? YES NO
Years in Business:	Years: Months:	TAX ID NUMBER
City:	State:	Zip Code: County:

PERSONAL APPLICANT:

First Name:		Middle:	Last Name:		Social Security # (Required)
Home Phone: () -		Date of Birth: / /		Security # - -	
Street Address:		Time at Residence:	Years:	Months:	
City:		State:	Zip Code:	County:	
Name of Spouse:		Social Security #		(Required) - -	
Do You: Own Rent Other		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: () -		

BUSINESS CREDIT REFERENCE (NOT a credit card)	Phone: () -
BUSINESS CREDIT REFERENCE (NOT a credit card)	Phone: () -
BUSINESS CREDIT REFERENCE (NOT a credit card)	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 IN FULL WITHIN THIRTY (30) DAYS OF THE INVOICE DATE, 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 on its monthly 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 at any time if my payment history is poor. 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: _____

Type of equipment requested:	Also permitted to charge in my name:

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

METRO TRAILER LEASING CREDIT APPLICATION