Metro Trailer Leasing, Inc

Credit Application

Return to: Credit@MetroTr	ailer.com	Phone 404-622-3138
Type & Quantity of	-	ville □Las Vegas □Nashville
Company Information: Full Legal Business Name:		
<u></u> '	LLC Partne	
Years in Business: _ Annual Revenue: _		ver Units:mployees:
Tax ID #:		
Physical	Billing	
Address:	Address:	
(Not a P.O. Box)		
Phone:	Fax:	
AP Contact Name:		Phone:
Financial Information		
		Company:
Checking Acct #:	(i	if applicable)
Business Credit References	(each reference must have a minimum of 6 month	ns history)
Company Name	Phone:	Acct#
Company Name	Phone:	Acct#
Company Name	Phone:	Acct#
Principal Owner(s):		
Name:	Name:	
Home Address:	Home Address:	
Cocial Cocumity #		
- 11 -1		
	Cell Phone: _ Home Phone:	
Email:		
and financial condition of the corp other credit grantors. I/We agree to pay the amount invo monthly interest rate and \$35.00 I MTL in the event that my account the law of the State of Georgia. M' the State of Georgia and the custo	oration, principal owner(s), proprietor(s) or partner oiced in full according to the terms granted by MTI ate fee. I/We agree to pay all reasonable attorney is delivered to an attorney or collection agency. It TL has the option of pursuing an action under this	(MTL) to obtain further information concerning credit er(s); and to exchange and provide information with L (standard terms are Net 30) or be subject to a 2% fees, court costs, and any other expenses incurred by is agreed that this agreement will be governed under agreement in any court of competent jurisdiction in the of Georgia. If my/our business is a corporation, I/we oration.
Authorized Signature:		Date:
Print Name:		

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