



Credit Application

BUSINESS NAME:				
CONTACT NAME	PHONE:	FAX:	EMAIL:	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
FEDERAL TAX ID #	TIME IN BUSINESS YEARS MONTHS	LEGAL BUSINESS STRUCTURE (Please Check Box Which Applies)		
		<input type="checkbox"/> Proprietorship	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
			<input type="checkbox"/> Partnership	<input type="checkbox"/> Government

GUARANTOR INFORMATION

1. FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO BUSINESS (Please Check Which Applies)	
		<input type="checkbox"/> PROPRIETOR	<input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER
2. FIRST NAME	MIDDLE INITIAL	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO BUSINESS (Please Check Which Applies)	
		<input type="checkbox"/> PROPRIETOR	<input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER
PLEASE INDICATE WHICH OF THE FOLLOWING ITEMS ARE APPLICABLE WITHIN THE LAST 10 YEARS			
<input type="checkbox"/> BANKRUPTCY	<input type="checkbox"/> JUDGEMENT	<input type="checkbox"/> REPOSSESSION	<input type="checkbox"/> IRS/PROPERTY TAX LIEN <input type="checkbox"/> NONE APPLY

REFERENCES

EQUIPMENT FINANCE/LEASE REFERENCE	BANK INFORMATION
NAME	BANK NAME
ACCOUNT #	ACCOUNT NUMBER
CONTACT PHONE	CONTACT PHONE
WORK/HAUL REFERENCE	VENDOR REFERENCE
COMPANY NAME	VENDOR NAME
TYPE OF WORK/PRODUCTS HAULED	TYPE OF BUSINESS
CONTACT PHONE	CONTACT PHONE

AUTHORIZATION

The applicant authorizes the release of credit information to Green Trailer & Equipment Corp, its subsidiaries or assigns from any source including credit reporting agencies, and personal, bank, and credit references listed above. The individual signing below attests that all information included on the application is true and accurate.

Signature: _____ Date: _____ Signature: _____ Date: _____

Fax or email completed Credit Application to (936) 755-3443 or office@otrtrailer.com