



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)		
		Proprietorship	LLC	Corporation	Partnership Government

GUARANTOR INFORMATION

1. FIRST NAME	MIDDLE INITIAL	LAST NAME		SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO BUSINESS (Please Check Which Applies)		
		___ PROPRIETOR	___ PARTNER	___ OFFICER
2. FIRST NAME	MIDDLE INITIAL	LAST NAME		SUFFIX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP TO BUSINESS (Please Check Which Applies)		
		___ PROPRIETOR	___ PARTNER	___ OFFICER
PLEASE INDICATE WHICH OF THE FOLLOWING ITEMS ARE APPLICABLE WITHIN THE LAST 10 YEARS				
___ BANKRUPTCY	___ JUDGEMENT	___ REPOSSESSION	___ IRS/PROPERTY TAX LIEN	___ 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