Metro Trailer Leasing, Inc

AL CA FL GA NC NV SC TN TX

Credit Application

Return to: Credit@MetroTrailer.com		Credit Department Phone 404-622-3138
Type & Quantity of Equipment:	Sales Rep:	747 - L
		Web
Company Information:		
Full Legal Business Name:		
Corporation LLC	Partne	rship Proprietorship
Years in Business:	Number of Pow	
Annual Revenue:	Number of En	nployees:
Tax ID #: MC#		DOT#
Physical	Billing	
Address:	Address:	
(Not a P.O. Box)	· _	
Phone:	Fax:	
AP Contact Name:		Phone:
Email Address:	_	
Financial Information		
Bank Name:	Factoring (Company:
Checking Acct #:	(if	f applicable)
Business Credit References (each reference must have a	minimum of 6 month	s history)
Company Name		• •
Company Name	Phone:	Acct#
Company Name	Phone:	Acct#
Principal Owner(s):		
Name:	Name:	
Home Address:	Home Address:	
Social Security #:	Social Security #:	
Cell Phone:	Cell Phone:	
Home Phone:	Home Phone:	
Email:	Email:	
I/We certify that all information is true and complete. I/We aut and financial condition of the corporation, principal owner(s), pother credit grantors. I/We agree to pay the amount invoiced in full according to the monthly interest rate and \$35.00 late fee. I/We agree to pay all MTL in the event that my account is delivered to an attorney of the law of the State of Georgia. MTL has the option of pursuing the State of Georgia and the customer consents to venue and juggree to be personally responsible as guarantor for any purchase.	oroprietor(s) or partne terms granted by MTL I reasonable attorney r collection agency. It i r an action under this a urisdiction in the State	er(s); and to exchange and provide information with (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
Authorized Signature:		Date:

Return to: Credit@MetroTrailer.com

Print Name: