

National Trailer Leasing, Inc.

PO Box 352 Freehold, NJ 07728
Phone 732 625 0010 Fax 732 625 0004

Credit Application

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Type of Business: _____ Years in Business: _____

Ownership: Corporation____Sole Proprietor____Partnership____Incorporated in what state:____

Principal: _____

| Name | Title | Social Security |
|--------|-------|-----------------|
| Number | | |

Address: _____

Bank Reference: Checking____ Savings:____ Other:_____

| Bank Name | Address | Account Number |
|-----------|---------|----------------|
|-----------|---------|----------------|

| Bank Name | Address | Account Number |
|-----------|---------|----------------|
|-----------|---------|----------------|

Trade References: (preferably in the trucking industry)

| Name | Address | Phone | Contact/Account number |
|------|---------|-------|------------------------|
|------|---------|-------|------------------------|

| Name | Address | Phone | Contact/Account number |
|------|---------|-------|------------------------|
|------|---------|-------|------------------------|

| Name | Address | Phone | Contact/Account number |
|------|---------|-------|------------------------|
|------|---------|-------|------------------------|

All statements made herein are true and accurate to the best of my knowledge. We authorize the above company to make all necessary inquiries regarding our credit history. All information will be kept confidential. By signing below, I acknowledge that I am an authorized representative of the above company with the authority to sign legal binding documents for the company.

Signature and Title

Date