

CREDIT APPLICATION

STORAGE TRAILERS LLC



Temporary Dock High Storage Trailer Rental

(832) 857-7464 - Accounting@storagetrailersllc.com

BUSINESS CONTACT INFORMATION

Title :		Date business commenced :	
Company Name :		<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Other	
Phone / Fax :			
Email :			
Company Address :			
City, State, ZIP Code :			

BUSINESS AND CREDIT INFORMATION

City, State, ZIP Code :		Bank Name :	
How long at current address?		Primary Business Address :	
Phone :		Phone :	
Fax :		Account Number :	
Email :		Account Type :	Savings / Checking / Other

BUSINESS/TRADE REFERENCES

Company Name :		Phone :	
Address :		Fax :	
City, State, ZIP Code :		Email :	
Type of account :		Other :	
Company Name :		Phone :	
Address :		Fax :	
City, State, ZIP Code :		Email :	
Type of account :		Other :	
Company Name :		Phone :	
Address :		Fax :	
City, State, ZIP Code :		Email :	
Type of account :		Other :	

AGREEMENT

1. All Invoices are to be paid 10 days from the date of the invoice (Net 10)
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Storage Trailers LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature :		Signature :	
Name :		Name :	
Title :		Title :	
Date :		Date :	