



1 • 888 • 243 • 9378

A Member of NationalLease

Shop Loc(s): _____
Salesperson: _____

P.O. Box 21019
Durham, NC 27703
(919) 821-2925 (919) 598-9018 (fax)
www.logisticleasing.com

Credit Limit: _____
Price Book? _____
Rate sheet attached? _____

CREDIT APPLICATION

Legal Name: _____ Billing Address: _____

Address: _____

Contact Name: _____ Attn: _____

Phone No.: _____ Phone No.: _____

Type of Business: _____
(Incorporated) (Year Inc.) (Federal Tax ID)

No. of Trucks: _____ No. of Trailers: _____ Website: _____

Bank Reference: _____ Account No.: _____ Phone No.: _____

TRADE CREDIT REFERENCES:

Company: _____

Phone No.: _____ Fax No: _____

Company: _____

Phone No.: _____ Fax No: _____

Company: _____

Phone No.: _____ Fax No: _____

Special invoicing instructions (i.e. PO# required, work order detail, dollar limit before calling, etc):

Authorization is hereby granted to Logistic Leasing, LLC to contact the references furnished above (including our bank) in order to obtain sufficient information.

Authorized Signature: _____ Title: _____ Date: _____