Dealership Information

TRAILERS DIRECT EXPRESS

TDE

Company Legal Name:
Dealership Address:
City:
State: Zip:
Phone: (
Fax: (
Email:
In Business Since (Month/Year):
□ Corporation □ LLC □ Sole Proprietorship □ Partnership
FEIN#:
Do You Own, Rent or Lease Your Lot? □ Own □ Rent □ Lease
Landlord/Mortgage Holder Name:
Phone: (
Types of Trailers You Currently Sell:

Owner/Officer Name:		
SSN:	Date of Birth:	
Home Address:		
City:		
State:	Zip:	
Primary Phone: ()	-	
Cell Phone (If Different From Primary): () -		

Business Owner Information 1 Business Owner Information 2

Owner/Officer Name:			
SSN:	Date of Birth:		
Home Address:			
City:			
State:	Zip:		
Primary Phone: ()			
Cell Phone (If Different From Primary): _()			

How Did You Hear About Us? _____

References

rtnership	Name of Nearest Relative:	
	Phone: (Disclaimer
Lease	Vendors:	approved. I am informed that you or your agent may request a consumer report in connection with this application and that, if I ask you, you will inform me if such a report was requested, and the name and address of the consumer reporting agency that furnished the report. I am also informed that subsequent reports may be requested, or used, in connection with any update, renewal or extension of the
		credit applied for. You are authorized to check my credit and employment history as well as any other credit investigation you deem necessary and to answer questions about your credit experience with me. I also authorize you to contact any of my trade reference/creditors for the purpose of among other things, obtaining inter-credit agreements.
	Bank References:	Signature of Applicant(s):
	Phone: (Applicant 1:
	Insurance Agent:	Applicant 2:
	Phone: () -	Date:
	□ Full Coverage □ Liability	

Credit Application