



Invoice submission method:

Credit Application

This information will be used for credit purposes only. Please complete this form and return via fax to (610) 595-0355 or email to operations@pennlease.com. Date: **COMPANY INFORMATION:** Customer Company Name: DOT # Dba name, if applicable: ____ Parent Company, if applicable: _ LLC Partnership Sole Proprietorship Corporation Type of entity (check one) Billing Address: City County State Zip Corporate Office Address: County Zip State City Fax: Phone: Web address: Number of years in business: Federal ID Number: Contact information for person who can provide financial statements: Provide 3 years (2 minimum) of financial statements including Profit & Loss Statement, Balance Sheet, and Cash Flow Statement. **Company Principals:** Name Phone Title Email References: **Bank Reference Name Fax Number** Phone Account Number: Contact: Email: **Trade Reference Company Name** Phone **Email or Fax Number** 2. 3. Has your company, its parent, or affiliates ever filed bankruptcy? NO If yes, when? Accounts Payable Contact Name: ___ Accounts Payable Phone: Email:

Payment Method:

	Description	Туре	Quantity	Age	Owned/Leased	
Wh	at type of equipment does your company use?					
	Others, please specify					
	Triaxle Dropframe with Extendable Slider					
	Standard Triaxle Dropframe					
	Hi-Lo Tank Chassis					
	Dropframe Chassis					
	Tank Trailers / Chassis					
Wh	at type of equipment are you interested in leasing?					
	riione.					
	Phone:					
	Email:					
	Title:					
	Name:					
Wh	o makes your decisions to lease equipment?					
	Other, Please specify					
	Environmental Company					
	Chemical Distributor					

Insurance:

Type of Business:

Common Carrier
Intermodal Carrier

Chemical Company

Operator

Do you have auto general liability coverage of at least \$5 million per person/per occurrence?

Do you have property and casualty coverage of at least \$250,000?

Please attach a sheet to the back of this application if more lines are needed.

What is the extent of coverage if less than \$250,000?

Maintenance:

Do you run your own maintenance?

If yes, Number of mechanics:

Number of Bays:

Do you subcontract your maintenance?

If yes, Vendor Name: Phone:

If your need for equipment is urgent, you can save time by asking your insurers to issue and insurance certificate naming Penn Intermodal Leasing, LLC as named insured with the coverages above.

How did you hear about us?					
Penn periodically sends out product and inventory information via email.					
Would you like to receive this information?					
Yes	No				
Print Name:		Date			
		Date:			
<u>Title:</u>					
Signature:					

Sales and Marketing: