

101 Coldbrook Road Hampden, ME 04444

840 Washington Street Auburn, ME 04210

Fax: 207.862.2035

BUSINESS CREDIT APPLICATION

○ PARTS/SERVICE		○ TRAILER LEASING			
ACCOUNT #:					
BUSINESS NAME:					
STREET ADDRESS:		MAILING ADDRESS:			
CITY, STATE:		ZIP:			
TELEPHONE:		CELL PHONE:			
FAX:		DOT#:			
EIN #:		TAX EXEMPT? YES NO			
TAX EXEMPT ACCOUNTS MUST PROVIDE COPY OF ORIGINAL RESALE CERTIFICATE					
DESCRIPTION OF BUSINESS:					
YEARS IN BUSINESS:		DOT # (if applicable):			
TYPE OF BUSINESS: O Individual O Corporation Partnership LLC					
ACCOUNTS PAYABLE CLERK:		PHONE:			
EMAIL:		○ Check here to be invoiced electronically			
Name of owners/partners/officers					
NAME:	TITLE:		PHONE:		
NAME:	TITLE:		PHONE:		
NAME:	TITLE:		PHONE:		

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Insurance Information (if applicable)				
COMPANY:		PHONE:		
ADDRESS:		CONTACT:		
Trade References				
NAME:	CONTACT:		FAX:	
NAME:	CONTACT:		FAX:	
NAME:	CONTACT:		FAX:	
THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I FURTHER AGREE THAT MAINE TRAILER MAY CALL ANY OF THE PEOPLE/COMPANIES USED AS REFERENCES LISTED ABOVE TO OBTAIN NECESSARY INFORMATION. THE UNDERSIGNED HEREBY UNCONDITIONALLY GUARANTEES TO MAINE TRAILER PROMPT PAYMENT WHEN DUE OF ALL AMOUNTS OWED BY THE CREDITOR. THE UNDERSIGNED WAIVES PRESENTMENT, DEMAND AND NOTICE AS WELL AS ALL GUARANTEE AND SURETYSHIP DEFENSES AND ASSENTS TO EACH AND EVERY EXTENSION, POSTMENT AND INDULGENCE GRANTED BY MAINE TRAILER. COMPANY NAME: DATE:				
SIGNED:		TITLE:		
PRINT NAME CLEARLY:				
Please return completed forms to your sales and leasing associate.				
TO BE COMPLETED BY MAINE TRAILER				
REQUESTED:		DELIVERY CHARGE:		
RATE:		PICK UP CHARGE:		
DEPOSIT:		SALESPERSON:		
CREDIT APPROVED? YES) NO	APPROVED BY:		
ORDER PENDING? O YES O NO		APPROVAL DATE:		

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