

# CREDIT APPLICATION

## SALES DEPARTMENT

**FAX COMPLETED APPLICATIONS TO 602/272-8936**



**DESERT TRAILER SYSTEMS INC.**

2733 W. Buckeye Road, Phoenix, AZ 85009  
 Phone: 602/272-8910 Fax: 602/272-8936  
 Toll-Free: 800/825-7368

### BUSINESS / OWNER INFORMATION

BUSINESS NAME / LESSEE		AGE OF BUSINESS	TELEPHONE #	FAX #
ADDRESS (STREET)		CITY	STATE	ZIP CODE
TYPE OF BUSINESS		GROSS REVENUES		FEDERAL TAX #
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		YEAR & STATE OF INCORPORATION		
PRINCIPAL'S NAME * ATTACH ADDITIONAL SHEETS IF NEEDED		TITLE	% OWNER	DATE OF BIRTH
HOME ADDRESS				DRIVERS LICENSE #
MARRIED? YES NO	SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY #

INSURANCE AGENT	CONTACT	PHONE #
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### BANK INFORMATION

BANK NAME	ACCOUNT #	ADDRESS
TELEPHONE #	ACCOUNT #	CONTACT PERSON
BANK NAME	ACCOUNT #	ADDRESS
TELEPHONE #	ACCOUNT #	CONTACT PERSON

\* ATTACH ADDITIONAL SHEETS IF NEEDED

### TRADE REFERENCES

COMPANY NAME	ACCT# / CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #	HIGH CREDIT	BALANCE
COMPANY NAME	ACCT# / CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #	HIGH CREDIT	BALANCE
COMPANY NAME	ACCT# / CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #	HIGH CREDIT	BALANCE

\* ATTACH ADDITIONAL SHEETS IF NEEDED

### HAUL REFERENCES

COMPANY NAME	CONTACT	IN SERVICE DATE
ADDRESS	TELEPHONE #	TYPE OF FREIGHT
COMPANY NAME	CONTACT	IN SERVICE DATE
ADDRESS	TELEPHONE #	TYPE OF FREIGHT
COMPANY NAME	CONTACT	IN SERVICE DATE
ADDRESS	TELEPHONE #	TYPE OF FREIGHT

## ASSET SCHEDULE

TRUCK / TRAILER EQUIPMENT	LIENHOLDER (NAME / ACCT# / PHONE #)	VALUE	BALANCE	MONTHLY PAYMENT

\* ATTACH ADDITIONAL SHEETS IF NEEDED

## REAL ESTATE SCHEDULE

REAL ESTATE OWNED	LIENHOLDER (NAME / ACCT# / PHONE #)	VALUE	BALANCE	MONTHLY PAYMENT
DESCRIPTION of PROPERTY A				
DESCRIPTION of PROPERTY B				
DESCRIPTION of PROPERTY C				

\* ATTACH ADDITIONAL SHEETS IF NEEDED

## OTHER ASSETS

PROPERTY OWNED	LIENHOLDER (NAME / ACCT# / PHONE #)	VALUE	BALANCE	MONTHLY PAYMENT
DESCRIPTION of PROPERTY A				
DESCRIPTION of PROPERTY B				
DESCRIPTION of PROPERTY C				

## PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	PHONE #

Has the company (Principals & Owners included) ever taken Bankruptcy protection within the last 10 years?      **YES**      **NO**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Has the company (Principals & Owners included) ever had any items repossessed (voluntary or involuntary) ?      **YES**      **NO**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I hereby affirm that above information, including any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report and bank rating, and shall hold Desert Trailer Systems, Inc. and its assignees harmless from the same. Desert Trailer Systems, Inc. Is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. I/We understand that such an investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or both).

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SIGNATURE

**By:** \_\_\_\_\_

PRINTED NAME