

CUSTOMER CREDIT APPLICATION

Krystal Lease, LLC
 1440 Ellen Ave SW, Wyoming, MI 49509
 Ph/Fax (888) 616 – 2440
info@krystallease.com

PERSONAL INFORMATION

First Name:		Last Name:		Middle Initial:		
Date of Birth:			Social Security #			
Driver's License#			State:			
Title:			Phone:		Mobile:	
Personal Address:			City:		State: ZIP Code:	
How long at current address?		Real Estate:	Rent	Own	Bankruptcy: Yes No	Repossession: Yes No

BUSINESS AND CREDIT INFORMATION

Company Name:							
Business Address:			City:		State: ZIP Code:		
Phone:		Fax:		E-mail:			
Years in Business:		# of Trucks owned:		# of Trailers owned:			
Type of Business:		Sole proprietorship		Partnership		Corporation	Other
Federal ID#		MC#		DOT#		Tax Exempt#	
Referred by:							

BANK INFORMATION

Bank Name:			Phone:			
Bank Address:			City:		State: ZIP Code:	
Type of account:		Checking	Savings	Other	Account number:	

BUSINESS/TRADE REFERENCES

Company Name:					
Address:			City:		State: ZIP Code:
Phone:		Fax:		E-mail:	
Type of Account:			High Credit Extended:		

Company Name:					
Address:			City:		State: ZIP Code:
Phone:		Fax:		E-mail:	
Type of Account:			High Credit Extended:		

INSURANCE

Insurance Agency:			Policy#		
Contact Name:		Phone:		Fax:	

AGREEMENT

1. I CERTIFY that answers given herein are true and complete to the best of my knowledge.
2. This information has been furnished with the understanding that it is to be used to review my TransUnion credit report to determine the amount and conditions of the credit to be extended.
3. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.
4. I understand that Krystal Lease, LLC may terminate any rental agreement entered into for any misrepresentations made above.
5. All invoices are to be paid 30 days from the date of the invoice.

SIGNATURES

Signature:		Signature:	
Title:	Date:	Title:	Date: