

# PREMIER LEASING LLC

APPLICATION FOR RENTAL OR LEASING ACCOUNT

PO Box 14200 Madison, WI 53708-0200  
(608)241-5616 Fax (608)241-8170

Date \_\_\_\_\_

**NOTE: To ensure prompt service, please complete form in full.**

Legal Name \_\_\_\_\_

Trade/DBA Name (if different) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Cell \_\_\_\_\_

Name of Owner \_\_\_\_\_ Fed ID Number (FEIN) \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Number of Trucks \_\_\_\_\_ USDOT # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Anticipated Length of Rental \_\_\_\_\_

**DO YOU REQUIRE PURCHASE ORDERS?**     Always     Sometimes     Never

**ARE YOU TAX-EXEMPT?**     YES     No    *If yes, please complete attached Certificate of Exemption.*

How would you prefer to receive:

Monthly Statements?     E-Fax     E-mail (please print legibly) \_\_\_\_\_

Please note that Premier Leasing does not send out hard copies of statements via mail.

**CREDIT REFERENCES** (Please provide two trade references where you have charged truck parts/service, as well as one bank reference.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

Bank \_\_\_\_\_

Acct # \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW**

S \_\_\_\_\_

L/H \_\_\_\_\_

AM \_\_\_\_\_ CD \_\_\_\_\_ PD \_\_\_\_\_

CM \_\_\_\_\_

S \_\_\_\_\_

L/H \_\_\_\_\_

AM \_\_\_\_\_ CD \_\_\_\_\_ PD \_\_\_\_\_

CM \_\_\_\_\_

S \_\_\_\_\_

3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ N \_\_\_\_\_

CM \_\_\_\_\_

APPR \_\_\_\_\_ DECL \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_

LIM \_\_\_\_\_ NUM \_\_\_\_\_

**Applicant acknowledges and accepts the following credit terms of Premier Leasing:**

- Payment is due 10 days from the date of invoice. A 1.5% per month service charge (annual rate 18%) is added to all amounts outstanding 30 days or more from date of billing.
- Applicant hereby authorizes those parties listed above as credit references to release to Premier Leasing all relevant information pertaining to the applicant's credit history with the referenced party.

Applicant's printed name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title: \_\_\_\_\_