



Phone: 513-217-7001 Fax: 513-217-1539 Email: info@armstrongtrailersales.com

CUSTOMER CREDIT APPLICATION (Return with Copy of Drivers License)

| | | | | | |
|--|-----------------------------|-------------------------------|-------------------------------|-------------------------------|--|
| COMPANY OR CUSTOMER NAME (Full Legal Name Including DBA If Applicable) | | Contact | | Date | |
| Phone Number | | Email | | Date of Birth | |
| Address | | City | | State | Zip Code |
| Type of Business | | Date Established | Yrs. Ownership | Fed. Tax ID# OR S.S. # | |
| Proprietorship Corporation LLC Partnership Individual | | MC # | DOT # | State of Organization | |
| Principal / Officer / Partner | | % of Owner | Social Security No. | Address | |
| | | | | | |
| | | | | | |
| How Many Years Driving? | How long as Owner Operator? | How Many Trailers do you own? | How many Tractors do you own? | Do you own or rent your home? | Have you ever had: Bankruptcy: Y N Year: Repossession: Y N Year: |

AT LEAST TWO HAUL REFERENCES

| Company Name | Contact | Phone Number |
|--------------|---------|--------------|
| | | |
| | | |
| | | |

EQUIPMENT YOU ARE PURCHASING

| | | | | |
|------------------------|--------------------------|---------------|-------|--------|
| Model Year: | Estimated Delivery Date: | Down Payment: | Term: | Price: |
| Equipment Description: | | | | |

AUTHORIZATION

IMPORTANT - APPLICANT PLEASE READ BEFORE SIGNING

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes TNT Sales, its designee, assigns, or potential assigns, to review his/ her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

| | | |
|-------|-----------|-------|
| Date: | Signature | Title |
| | | |

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