

CREDIT APPLICATION

Rev 08-22

Return to: Broadstarins.com

Phone: 804-271-2527

Account Manager: _____

_____	_____	_____	_____
Type of Equipment	Quantity	Fix Rate \$	Mile Rate \$

Date Equipment Needed? _____
 Billing Cycle? _____

Lease Rental Maint
 Select Business Type

PLEASE SEND YOUR TRADE REFERENCES ON YOUR COMPANY LETTERHEAD WITH THIS APPLICATION

Company Name: _____ **Billing Address and Contact if Different:**
 Address: _____ Address: _____
 City, State., Zip _____
 Phone: _____ Phone: _____
 Fax: _____ Do you have a HazMat Registration Y N
 A/P Contact Name: _____ Ext. _____ Tax Exempt ? Y N
 Sales Contact Name: _____ Ext. _____ PO Required ? Y N
 Federal ID #: _____ Duns # _____ MC # _____
 Email Address: _____ DOT # _____
 Will trailers travel to Mexico? _____ Will trailers travel to Canada? _____ PUCO# _____
 Business Established: _____ In State of: _____ Entity Type: _____
S-Corp, C-Corp, LLC, Partnership...etc.
 Officer _____ Title _____ What type of cargo in the trailer(s)?
 Officer _____ Title _____

YOU AGREE TO ACCEPT ELECTRONIC INVOICING via email and/or fax listed below:

Email invoices to the following:		Required Payment Method (Enrollment form to be provided)	
EMAIL	_____	<input type="checkbox"/>	ACH Enrollment - Checking Account Debit
FAX	_____	<input type="checkbox"/>	Credit Card Enrollment

Bank Name: _____ Applicant agrees to provide it's most recent 3 months bank statements
 Checking #: _____ Saving #: _____ Loan #: _____

Insurance Company: _____ Policy #: _____
 Agent Name: _____ Phone: _____

Equipment will not be released without a valid Insurance Certificate on File.

Authorized Signature: _____ Title: _____ Date: _____