



TROPICAL TRAILER LEASING, LLC

Since 1989

www.tropicaltrailer.com

P.O. Box 430766
Miami, Florida 33243-0766
PH. 305-885-8047
FAX: 305-887-0676

CREDIT APPLICATION

DATE: _____

CUSTOMER INFORMATION

Company Name: _____

Telephone: _____ Fax: _____ Email: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different from above)

Contact Name: _____

Telephone: _____ Fax: _____ Email: _____

A/P Contact: _____

A/P Telephone: _____ A/P Fax: _____ A/P Email: _____

Type of Business: _____ Federal Tax ID # _____

Business is: Sole proprietorship _____ Partnership _____ Corporation _____ LLC _____ Government _____ Non-Profit _____

Year Business Started _____

P.O. Required? Yes / No

Tax Exempt? Yes / No

** If tax exempt include tax exempt form*

Owners, Partners or Officers

Name: _____ Title: _____

Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security # _____ Driver License # _____ State: _____

** Required for sole proprietorship or partnership*

REFERENCE

Bank Reference: _____ Acct. # _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Officer: _____ Type of Acct.: _____

Other Reference Name: _____

Telephone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

REFERENCE (CONTINUED)

Other Reference Name: _____
Telephone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

EQUIPMENT REQUEST

Type of Equipment Requested: _____
If storage equipment, please list items is to be stored: _____
If applicable, please provide DOT number: _____
Personnel Authorized to Request Equipment: _____
Who Authorizes Payment of Equipment Invoices? _____
Telephone: _____ Email: _____

AGREEMENT

All accounts shall be subject to a 1.5% per month service charge if not paid by the 30th day of the month following invoice date. In consideration of any extension of credit, should any indebtedness be not paid in accordance with the terms of credit, the undersigned agrees to pay all costs of collection including reasonable attorney's fees, whether suit be brought or not including an attorney's fee on appeal.

Failure to Return rental property or equipment upon expiration of the rental period and failure to pay all amounts due 9 including costs for damage to the property or equipment) are evidence of abandonment or refusal to redeliver the property, punishable in accordance with section 812.155, Florida Statutes.

By signing below, we are authorized to contact and make appropriate inquiry from available sources, references and banks as listed. It is understood that any information provided or obtained as a result for this credit application will be kept confidential and will be used only to evaluate the applicants credit worthiness.

Signature: _____
**Must be signed by person authorizing release of credit information and requesting credit.*

Name: _____

Title: _____

PERSONAL GUARANTEE

This GUARANTY is given by the undersigned to TROPICAL TRAILER LEASING ,LLC. in order to induce and extend credit to, or otherwise become the creditor of the above named sole proprietorship or corporation.

I HEREBY GUARANTY TO TROPICAL TRAILER LEASING the prompt payment in accordance with the terms of credit, of every claim of TROPICAL TRAILER LEASING against the above named sole proprietorship, partnership or corporation. This is a continuing Guaranty and shall remain in force until revoke with the written consent of TROPICAL TRAILER LEASING of any security held by it for any claim hereby guaranteed.

The undersigned additionally guarantees the payment of interest at a maximum lawful rate on all monies outstanding to TROPICAL TRAILER LEASING by the above named sole proprietorship, partnership or corporation together with costs and reasonable attorney's fees whether suit be brought or not and any attorney's fee on appeal, which TROPICAL TRAILER LEASING may incur in the collection of any claims.

IN WITNESS WHEREOF, I/We have signed sealed and delivered this Guaranty for the purposes set forth above on the _____ day of _____, 20_____.

Signature: _____

Name: _____

Driver's License # _____