



Flexi-Van Leasing, Inc.
251 Monroe Avenue
Kenilworth, NJ 07033
(908) 276- 8000
riskmanagement@flexi-van.com

CREDIT APPLICATION/PAYMENT AGREEMENT

Pool Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
SCAC Code: \_\_\_\_\_ USDOT#: \_\_\_\_\_
Business Name: \_\_\_\_\_ Tax ID/SS# \_\_\_\_\_

Corporate Address:

Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Contact Name: \_\_\_\_\_
First Last Title
E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Equipment Storage Address: (If different than corporate address)

Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: If same as above, check yes. [ ] Yes

Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Contact Name: \_\_\_\_\_
First Last Title
E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_
Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Company Information:

Years in Business Under this Name: \_\_\_\_\_ Years at Corporate Address: \_\_\_\_\_

If less than 3 years, please complete below:

Previous Business Name: \_\_\_\_\_ Position Held: \_\_\_\_\_
Street Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Still Active: [ ] Yes [ ] No

Previous Corporate Address (if above is less than 2 years):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

Principal Activity/Business: \_\_\_\_\_

Does the business operate under any Trade Names:  Yes  No

If YES what name(s): \_\_\_\_\_

Is Applicant:

Sole Proprietorship  Partnership  Corporation  Subsidiary/Division

Corporate Parent Company \_\_\_\_\_

**If partnership:**

Partner 1 Name: \_\_\_\_\_

First Last Title

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Partner 2 Name: \_\_\_\_\_

First Last Title

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_

Number of Tractors Operated: \_\_\_\_\_ Owned: \_\_\_\_\_ Leased: \_\_\_\_\_ Owner/Oper: \_\_\_\_\_

Railroads with whom you hold a current Trailer Interchange Agreement:

\_\_\_\_\_  
For which Shippers and NVO's do you currently provide services? (Include contact & telephone)

\_\_\_\_\_  
List other Chassis Pools you participate in:

\_\_\_\_\_  
Insurance Agent/Broker (Address & Telephone): \_\_\_\_\_

**FINANCIAL REFERENCES**

Primary Bank: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_

\_\_\_\_\_  
Name of Contact: \_\_\_\_\_

\_\_\_\_\_  
Telephone #: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Additional Bank References: \_\_\_\_\_

List other creditors (address, telephone & contact) who are currently extending credit (i.e., fuel, tires, maintenance, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Is applicant operating in insolvency?  Yes  No

Has applicant or any of its predecessors or associated entities been adjudged bankrupt or otherwise acquiesced in the appointment of a Trustee or Receiver or commencement of any dissolution, liquidation, or reorganization proceedings?:  Yes  No

Names of company owners/corporate officers authorized to commit applicant to this contract and connected financial obligations:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

*The undersigned warrants and represents that the information provided for this Application is accurate, complete and timely. The above information is provided to Flexi-Van Leasing, Inc. in strict confidence as a means to determine the advisability of extending credit to the Applicant. The undersigned hereby represents and warrants that he is a partner, owner or officer of the Applicant and is authorized to act for Applicant with respect to this application and to any subsequent resulting agreements or other financial obligations.*

By: \_\_\_\_\_

Name in Print: \_\_\_\_\_

Title: \_\_\_\_\_

FLEXI-VAN USE ONLY

CUST #: \_\_\_\_\_

M&R #: \_\_\_\_\_