Tel. (908) 276-8000
Email: ContractAdminDept@FlexiVan.com

CREDIT APPLICATION / PAYMENT AGREEMENT

Pool Name:_____ Date:_____

SCAC Code:_____ USDOT#:_____ Tax ID/SS#:_____

Business Name:_____

Corporate Address:

Street Address:_____

City:_____State:_____Zip Code:_____

Contact:_____
First Last Title

Office Telephone:_____Cellular:_____Fax:_____

E-mail:_____

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:_____
First Last Title

Office Telephone:_____Cellular:_____Fax:_____

E-mail:_____

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FLEXI VAN

Company Information:

Years in business under this name:_____ Years at current corporate address:_____

If less than 2 years, please complete below:

Street Address:_____

City:_____State:_____Zip Code:_____

Previous Business Name:_____Position Held:_____

Principal Activity/Business:_____

Still Active: ☐ Yes ☐ No

Does the business operate under any trade names? ☐ Yes ☐ No

If yes, what name(s)?:_____

Applicant is: ☐ Sole Proprietorship ☐ Partnership Corporation

☐ Subsidiary/Division Corporate Parent Company

If partnership:

Partner 1:_____

First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Office Telephone:_____Cellular:_____Fax:_____

E-mail:_____

Partner 2:_____

First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Office Telephone:_____Cellular:_____Fax:_____

E-mail:_____

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Number of full-time employees:_____

Total number of tractors operated:_____ Owned:_____ Leased:_____ Owner/Operator:____

Railroads you hold a current Trailer Interchange Agreement with:

_____

_____

Shippers and NVO's you currently provide services for (include contact & telephone):

_____

_____

Other chassis pools you participate in:

_____

_____

Insurance Agent/Broker

Company Name:_____

Contact:_____
First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Office Telephone:_____Fax:_____E-mail:_____

Financial References:

Primary Bank:_____

Contact:_____
First Last Title

Street Address:_____

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City:_____State:_____Zip Code:_____

Office Telephone:_____Fax:_____E-mail:_____

Checking account #:_____

Credit References: (To expedite your application, please ensure that the references include all of the requested information below)

Supplier Company Name:_____

Contact:_____
First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Telephone:_____E-mail:_____

Supplier Company Name:_____

Contact:_____
First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Telephone:_____E-mail:_____

Supplier Company Name:_____

Contact:_____
First Last Title

Street Address:_____

City:_____State:_____Zip Code:_____

Telephone:_____E-mail:_____

Supplier Company Name:_____

Contact:_____
First Last Title

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Street Address:_____

City:_____State:_____Zip Code:_____

Telephone:_____E-mail:_____

Is applicant operating in insolvency? ☐ Yes ☐ No

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

Name:_____
First Last Title

Telephone:_____E-mail:_____

Name:_____
First Last Title

Telephone:_____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:_____
Company Name Signature

_____
Printed Name

_____
Title

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