



EAST COAST TRAILER & EQUIPMENT CO., INC.
3800 JEFF ADAMS DRIVE
CHARLOTTE, NC 28206
PHONE: 800-320-8809 Fax: 704-596-3147

BUSINESS INFORMATION:						
BUSINESS LEGAL NAME:			DATE ESTABLISHED:		FEDERAL ID NUMBER	
BUSINESS MAILING STREET:		CITY:	COUNTY:	STATE:	ZIP:	TYPE OF BUSINESS:
TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP LLC PROPRIETORSHIP		BUSINESS PHONE:		BUSINESS FAX:	MOBILE NUMBER:	
HAVE YOU EVER FILED BANKRUPTCY? YES NO		STATE OF INCORPORATION:		YEAR OF INCORPORATION:	BUSINESS EMAIL:	
HAVE YOU EVER HAD A VEHICLE REPOSSESSED? YES NO						
PRINCIPAL INFORMATION (100% OWNERSHIP DISCLOSURE REQUIRED)						
NAME (FIRST-MIDDLE-LAST)			DATE OF BIRTH:	TITLE:	% OWNERSHIP	SSN:
PRESENT ADDRESS STREET:			CITY:	STATE:	ZIP CODE:	HOME PHONE NUMBER:
OTHER OWNER/GUARANTOR:		TITLE:	ADDRESS:		% OWNERSHIP:	SSN:
HAULING INFORMATION:						
HAUL REFERENCE:				PHONE NUMBER	CONTACT NAME:	
HAUL REFERENCE:				PHONE NUMBER:	CONTACT NAME:	
PRESENTLY IN YOUR FLEET: _____ # TRUCKS: _____ STATE YOU WILL TAG IN:						
EQUIPMENT LOAN INFORMATION:						
EQUIPMENT LOAN:				PHONE NUMBER:	CONTACT NAME:	
EQUIPMENT LOAN:				PHONE NUMBER:	CONTACT NAME:	
EQUIPMENT INFORMATION:						
EQUIPMENT DESCRIPTION:					EQUIPMENT COST:	
LOCATION EQUIPMENT WILL BE KEPT WHEN NOT IN USE:						
TERM:		INSURANCE AGENCY:			PHONE NUMBER:	

APPLICANT WARRANTS ALL CREDIT AND FINANCIAL INFORMATION SUBMITTED TO EAST COAST TRAILER & EQUIPMENT CO., INC. AND/OR ITS ASSIGNEES TO BE TRUE AND ACCURATE AND HEREBY AUTHORIZES ALL BANKING INSTITUTIONS, INCOME TAX REPORTING AGENCIES AND CREDIT REPORTING AGENCIES TO RELEASE NECESSARY INFORMATION VIA TELEPHONE, MAIL, INTERNET OR FACSIMILE AS REQUESTED FOR PURPOSES OF MAKING A CREDIT DECISION. THE UNDERSIGNED INDIVIDUALS SPECIFICALLY AUTHORIZE EAST COAST TRAILER & EQUIPMENT CO., INC. AND/OR ITS ASSIGNEES TO OBTAIN PERSONAL CREDIT BUREAU REPORTS AND/OR PERSONAL BUSINESS INCOME TAX TRANSCRIPTS FOR THE MAKING, EXTENSION OR RENEWAL OF THIS CREDIT DECISION OR COLLECTION OF THE RESULTING ACCOUNT. A FAX PHOTOCOPY OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

SIGNATURE: PRINT NAME: DATE:

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