



CREDIT APPLICATION

RENTAL DEPARTMENT

SEND COMPLETED APPLICATIONS TO 602-272-893

6 or Rentals@DesertTrailer.com

BUSINESS / OWNER INFORMATION

BUSINESS NAME/LESSEE	YEARS OF DRIVER EXP	AGE OF BUSINESS	TELEPHONE #	FAX #
EMAIL	FEDERAL TAX #	TRUCKS IN FLEET	TRAILERS IN FLEET	DOT #
ADDRESS (STREET)	CITY	ST	ZIP CODE	COUNTY
TYPE OF BUSINESS	GROSS REVENUES	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER		
PRINCIPAL'S NAME *ATTACH ADDITIAL SHEET IF NEEDED	TITLE	% OWNER	SOCIAL SECURITY #	
HOME ADDRESS (STREET)	CITY	ST	ZIP CODE	DATE OF BIRTH
				DRIVERS LICENSE #
MARRIED? YES NO	SPOUSE'S NAME	DATE OF BIRTH	SOCIAL SECURITY #	

INSURANCE AGENT	CONTACT	PHONE/EMAIL
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BANK INFORMATION

BANK NAME	ACCOUNT #	ADDRESS
TELEPHONE #	ACCOUNT #	ADDRESS

*ATTACH ADDITIONAL SHEETS IF NEEDED

TRADE REFERENCES

COMPANY NAME	ACCT#/CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #/EMAIL	HIGH CREDIT	BALANCE
COMPANY NAME	ACCT#/CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #/EMAIL	HIGH CREDIT	BALANCE

*ATTACH ADDITIONAL SHEETS IF NEEDED

HAUL REFERENCES

COMPANY NAME	ACCT#/CONTACT	INSERVICE DATE
ADDRESS	TELEPHONE #/EMAIL	TYPE OF FRIEGHT
COMPANY NAME	ACCT#/CONTACT	INSERVICE DATE
ADDRESS	TELEPHONE #/EMAIL	TYPE OF FRIEGHT

*ATTACH ADDITIONAL SHEETS IF NEEDED

ASSET SCHEDULE

TRUCK/TRAILER EQUIPMENT	LIENHOLDER (NAME/ACCT#/PHONE #)	VALUE & BALANCE	MONTHLY PAYMENT

*ATTACH ADDITIONAL SHEETS IF NEEDED

PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	PHONE#/EMAIL

Has the company (Principals & Owners included) ever taken Bankruptcy protection within the last 10 years? YES NO

IF YES PLEASE EXPLAIN:

Has the company (Principals & Owners included) ever had items repossessed (voluntary or involuntary)? YES NO

IF YES PLEASE EXPLAIN:

DETAILS OF CREDIT REQUEST

DESIRED CREDIT LIMIT	
NUMBER OF TRAILERS	
PURCHASED ORDERS REQUIRED?	YES NO
AUTHORIZED PERSON(S) TO PURCHASE	

PAST DUE ACCOUNTS WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH. SHOULD IT BE NECESSARY TO EMPLOY AN ATTORNEY TO EFFECT COLLECTION, APPLICANT AGREES TO PAY ALL COSTS AND REASONABLE ATTORNEY FEES INCURRED BY DESERT TRAILER SYSTEMS, INC. IN ANY LITIGATION, THE LAWS OF THE STATE OF ARIZONA SHALL GOVERN AND JURISDICTION SHALL BE EXCLUSIVELY IN THE COURTS OF THE COUNTY OF MARICOPA, STATE OF ARIZONA.

AUTHORIZATION TO RELEASE INFORMATION

I HERE AUTHORIZE MY BANKS AND CREDITORS TO RELEASE ANY INFORMATION REQUESTED TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH DESERT TRAILER SYSTEMS, INC.

SIGNATURE	DATE	SPOUSE SIGNATURE
PRINTED NAME	SPOUSE PRINTED NAME	

PERSONAL GUARANTEE

To induce you to extend credit to _____ (buyer) in connection with buyer's purchase or rental of equipment from you from time to time, we hereby each unconditionally guarantee payment by the buyer of all sums now owing or which may become due and owing to you from the buyer, including principal, interest or additional charges and expenses, including collection and attorney fees. We also agree to hold harmless from any loss, damage and expenses caused or arising out of any default on the part of the buyer.

ACTIONS AGAINST GUARANTORS

We agree that if the buyer does not make payments due to you, you may proceed against us, and you will not be required to first proceed against the buyer or to collect upon any security or exhaust any legal remedies against the buyer. In any litigation, the laws of the **STATE OF ARIZONA** shall govern and jurisdiction shall be exclusively in the courts of the **COUNTY OF MARICOPA, STATE OF ARIZONA.**

NON-WAIVER OF RIGHTS

By proceeding against us, you shall not waive any rights against the buyer. If you proceed against any one of us, you shall not waive the rights to proceed against any of the remaining Guarantors.

NOTICES

We hereby waive notice of: a) extension of time or modification of terms: b) modification of credit line: c) acceptance of this guarantee: d) settlements or resolutions of disputes: e) default of buyer.

DURATION OF GUARANTEE

This guarantee will be legally binding until we have given you written notice by registered mail, to cancel it. If we cancel this guarantee, we agree that we are liable for all charges up to date of cancellation, plus all interest, expenses and attorney fees as a result of such charges.

INVALIDITY

Invalidity of any portion of this guarantee shall not change the obligations contained in the remainder of the guarantee.

SIGNATURE (GUARANTOR)	DATE	SIGNATURE (GUARANTOR)	DATE
ADDRESS	ADDRESS		
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE