



Utility Trailers of New England, LLC
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TRAILER CREDIT APPLICATION

APPLICANT (COMPLETE LEGAL NAME OF BUSINESS):

BUSINESS ADDRESS:		VEHICLE ADDRESS:	
CITY:		VEHICLE CITY:	
STATE:	ZIP:	VEHICLE STATE:	VEHICLE ZIP:
PHONE:	FAX:	DATE OF BIRTH (if individual):	
# YRS IN BUSINESS:	FEDERAL TAX ID:	BUSINESS EMAIL:	
# YRS AS DRIVER:	# OF YEARS O/O:	GROSS ANNUAL REVENUE OVER \$1 MILLION? YES NO	

EXISTING FLEET SIZE

	# FINANCED	# LEASED (CAPITALIZED)	# OWNED	# TOTAL
TRUCKS/TRAILERS				
TRAILERS:				

GUARANTORS / PRINCIPALS

NAME OF GUARANTOR / PRINCIPAL (FIRST, MI, LAST):			SSN:
ADDRESS:	CITY:	HOMEOWNER?	HOW LONG?
STATE:	ZIP:	DATE OF BIRTH:	
HOME PHONE:	CELL PHONE:	EMAIL:	
% OF OWNERSHIP:	YRS WITH COMPANY:	TITLE:	

NAME OF GUARANTOR / PRINCIPAL (FIRST, MI, LAST)			SSN:
ADDRESS:	CITY:	HOMEOWNER?	HOW LONG?:
STATE:	ZIP:	DATE OF BIRTH:	
HOME PHONE:	CELL PHONE:	EMAIL:	
% OF OWNERSHIP:	YRS WITH COMPANY:	TITLE:	

PRIMARY HAULING REFERENCES

#1 REVENUE SOURCE:	% OF REVENUES:
PRIMARY CONTACT:	YRS OF SERVICE: PHONE:
#2 REVENUE SOURCE:	% OF REVENUES:
PRIMARY CONTACT:	YRS OF SERVICE: PHONE:

EQUIPMENT REFERENCES

CREDIT/FINANCE COMPANY NAME:	PHONE:
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ACCOUNT #:

CREDIT/FINANCE COMPANY NAME:	PHONE:
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ACCOUNT #:

TRANSACTION DETAIL

YEAR:	MAKE:	MODEL:
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SPECIFICATIONS:

	QUANTITY:	SELLING PRICE:	TAXES:
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TERM REQUESTED:	NET TRADE IN:	TAX EXEMPT?:
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The undersigned individual(s) certifies that the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit. The applicant hereby authorizes all bank institutions, income tax reporting agencies, and credit reporting agencies to release necessary information via telephone, mail, internet, or fax for the purposes of making a credit decision. The undersigned individuals specifically authorize Utility Trailers of New England, Inc. and/or it's assigns to obtain personal credit bureau reports and/or personal and business tax transcripts for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE:	SIGNATURE:
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PRINT NAME & DATE:	PRINT NAME & DATE:
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