

# TRI-STATE TRAILER RENTALS, LLC

**TULSA, OK**  
Ph: (918) 437.0010

**OKLAHOMA CITY, OK**  
Ph: (405) 440.2000

**FORT SMITH, AR**  
Ph: (479) 997.1111

**LITTLE ROCK, AR**  
Ph: (501) 945.0600

**TEXARKANA, AR**  
Ph: (870) 330.4435

**SILOAM SPRINGS, AR**  
Ph: (479) 373.1525

## Customer Account Credit Application for Trailer Rentals

**PLEASE PRINT CLEARLY**

Customer Name:		Cust D&B #:	TIN OR SS# (If Indiv. DBA): (REQUIRED)	
Billing Address:		City, State, Zip		
Physical Address:		City, State, Zip		
Contact/Title:	Office Phone:	Cell Phone:	Fax Phone:	
E-Mail Address (REQUIRED):			County	
Description of Business:		#Trucks _____ #Trailers _____	PO# Required?: <input type="radio"/> Yes <input type="radio"/> No	SIC Code:
Sales/Use Tax Exempt? (REQUIRED) <input type="radio"/> Yes <input type="radio"/> No		Tax Exempt #: (REQUIRED IF YES)		
Accounts Payable Contact:		E-Mail Address for Accounts Payable (REQUIRED):		
Type of Business: ( ) Partnership ( ) Proprietorship ( ) Corporation		State of Incorporation: _____	Company in Business Since:	
		( ) Public ( ) Private		

### COMPANY OWNER INFORMATION

Owner's Name:	SS#: (REQUIRED)	Drivers Licence #/State:	Date of Birth: (REQUIRED)
Street Address:		# of Locations	
City, State, Zip	Web Address:		
Contact Name / Title	Phone:	Fax:	

### BANK INFORMATION

Bank Name/Branch:	Account #
Contact/Title:	Phone: Fax:
Bank Name/Branch:	Account #
Contact/Title:	Phone: Fax:

### CREDIT REFERENCES

Trade Name #1	Contact/Title	Phone:	Fax:
Trade Name #2	Contact/Title	Phone:	Fax:
Trade Name #3	Contact/Title	Phone:	Fax:

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## Customer Account Credit Application for Trailer Rentals, Cont.

### INSURANCE INFORMATION

Notice: We require a valid current insurance certificate prior to any delivery or pickup of trailers, naming Tri-State Trailer Rentals, LLC as Additional Insured and Loss Payee.

Liability Coverage: Agency/Broker	Contact/Title	Phone:
<b>E-Mail Address (REQUIRED):</b>		Fax:
Physical Damage Coverage: Agency/Broker	Contact/Title	Phone:
<b>E-Mail Address (REQUIRED):</b>		Fax:

We require a valid, current insurance certificate prior to any delivery of trailers. Our insurance requirements are as follows:

- 1) General & Auto Liability coverage with a minimum of \$1,000,000 limits
- 2) Physical Damage coverage for the stated value of the trailer(s)
- 3) Tri-State Trailer Rentals, LLC named Additional Insured and Loss Payee
- 4) Certificate **MUST** include the following statement: 30-day notice of cancellation with 10-day notice for non-payment of premium.
- 5) Certificate Holder: Tri-State Trailer Rentals, LLC  
P.O. Box 52587  
Tulsa, OK 74152

### ADDITIONAL COMMENTS

The information given above is true and complete. Tri-State Trailer Rentals, LLC may receive from and disclose to other persons, including credit reporting agencies about Applicant and/or Business Owner's account and credit experience, and Applicant and/or Business Owner authorizes any person to release to Tri-State Trailer Rentals, LLC credit experience on Applicant and/or Business Owner made by Tri-State Trailer Rentals, LLC, or any person requested to release such information.

In the case of default in payments, Tri-State Trailer Rentals, LLC shall be entitled to exercise remedies, in addition to all other rights permitted by law:

- To assess late fees and/or interest,
- To submit the debt to a collection agency,
- To submit the debt to all major credit bureaus,
- The Customer agrees to pay all costs of collection, including reasonable attorney's fees

In consideration of being allowed the privilege of an open credit account, the undersigned, an **authorized representative** for the above named company applying for credit, hereby understands and agrees to abide by the terms and conditions of the Tri-State Trailer Rentals, LLC rental agreements, including but not limited to the following:

- 1) All Invoices are due and payable on the invoice date.
- 2) A 1 ½% monthly service charge will be made on all past due invoices.
- 3) All invoices are payable as rendered.
- 4) All claims for adjustment must be made within 5 days from the invoice date.
- 5) If invoices are not paid upon receipt of the invoice, rental account privileges will cease and we will be on C.O.D. basis and a demand for the return of the rental equipment will be issued.
- 6) Tri-State Trailer Rentals, LLC has the right to limit the amount of credit extended.
- 7) Signature authorizes Tri-State Trailer Rentals, LLC to verify and/or check references, bank activity and credit information.

This agreement shall be governed by the laws of the State of Oklahoma.

I have read, understand and agree to the terms set forth above, must be Owner or Officer of the Company.

Signed:	Title
Print Name:	Date:

I do hereby personally guarantee this account with Tri-State Trailer Rentals, LLC, must be Owner or Officer of the Company.

Signed:	Title
Print Name:	Date:



TRI-STATE TRAILER RENTALS, LLC  
P.O. BOX 52587  
Tulsa, OK 74152



CUSTOMER NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

A/P Contact Name & Ph#: \_\_\_\_\_

Re: Automatic Payment Program

I (we) hereby authorize Tri-State Trailer Rentals, LLC to automatically deduct the amount of my rental invoices from the bank account listed below. I understand my automatic payments will be withdrawn from my account on the due date each month or next business day if the due date falls on a weekend or holiday. This authorization will remain in effect until Tri-State Trailer Rentals, LLC receives written notice 30 days in advance from me. Tri-State Trailer Rentals, LLC must be notified in writing at least 20 days prior to the next scheduled payment in order to stop the next automatic ACH draw. After this time the next scheduled payment will draw regardless of a payoff received. However, Tri-State Trailer Rentals, LLC reserves the right to terminate this plan, with written notification to me, at any time.

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Institution Phone Number

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of account: \_\_\_\_\_ (Checking)      \_\_\_\_\_ (Savings)

**\*PLEASE ATTACH A VOIDED CHECK - REQUIRED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date