

ROGERS RENTALS, Inc. – Mid Atlantic Trailers, LLC
139 Route 46, Hackettstown, NJ 07840 – Phone: 908-852-9190/Fax: 908-852-0956
CUSTOMER APPLICATION

Confidential Customer Credit Application

Please Print Clearly

Customer Name: _____

Contact Name: _____ E-mail: _____

Mailing Address _____

City/State/Province: _____ Zip/Postal Code: _____

Phone #: (____) _____ Fax #: (____) _____

Year Company Started: _____ # of Employees: _____ Incorporated: YES / NO (circle one)

Bank Information:

Bank Name: _____ Bank Phone #: (____) _____

Contact Name: _____ Bank Fax #: (____) _____

Address: _____

City/State/Province: _____ Zip/Postal Code: _____

Account Number: _____

Insurance Information:

We require a valid current insurance certificate prior to any transaction naming Rogers Rentals and Chessey Industries as additional insured loss payee.

Are you tax exempt: YES / NO (circle one). If yes, attach exemption certificate(s) and indicate what state(s)/province(s) _____

Trade References:

Name: _____ Phone #: _____

City, State: _____ Fax #: _____

Account #: _____ Service Provided: _____

Name: _____ Phone #: _____

City, State: _____ Fax #: _____

Account #: _____ Service Provided: _____

The information given above is true and complete. We may receive from and disclose to other persons, including credit agencies about Applicant's account and credit experience and Applicant authorizes any person to release to Rogers Rentals, Inc./Mid Atlantic Trailers, LLC. Credit experience on Applicant made by Rogers Rentals Inc./Mid Atlantic Trailers, LLC, or any person requested to release such information.

Print Name: _____ Title: _____

Signature _____ Date: _____

REQUEST FOR BANK TO RELEASE INFORMATION
TO
ROGERS RENTALS, INC.

To:

From:

For the purpose of opening an account with Rogers Rentals, Inc., I hereby approve the release of credit information on the following account as requested by them.

Account #: _____ Acct. type: _____

Signed _____

Date: _____