



CHICAGO TRAILER POOL CORP.

9N586 IL Route 25 Elgin, IL 60120
Phone: 847-214-8844 Fax: 847-214-8922

CREDIT APPLICATION *PLEASE PRINT CLEARLY - FILL OUT COMPLETELY*

COMPANY NAME: _____ OWNERS NAME: _____

COMPANY PHYSICAL ADDRESS: _____

BILLING ADDRESS: _____ E-MAIL: _____

PHONE NUMBER: _____ FAX NUMBER: _____ YEARS IN BUSINESS: _____

ICC# _____ TYPE OF BUSINESS: _____ # OF EMPLOYEES: _____ INCORPORATED?: _____ TAX ID _____

SOCIAL SECURITY# _____

OF TRACTORS OWNED: _____ TRACTORS LEASED: _____ TRAILERS LEASED: _____

NEAREST RELATIVE (Not at above address) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

INSURANCE INFORMATION

AGENT: _____ COMPANY: _____ POLICY NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

BANK REFERENCES

BANK NAME: _____ CONTACT: _____ PHONE NUMBER: _____

ACCOUNT NUMBER: _____ AVG. BALANCE: _____ FAX NUMBER: _____

PAYROLL ACCOUNT (If different): BANK NAME: _____ CONTACT: _____ ACCOUNT NUMBER: _____

PHONE NUMBER: _____ FAX NUMBER: _____ ANY NSF CHECKS IN EITHER OF THE ABOVE ACCOUNTS? _____

LOAN HISTORY

BANK NAME: _____ ACCOUNT NUMBER: _____ HIGH CREDIT: _____ CURRENT BALANCE: _____

PRIMARY TRADE REFERENCES – TIRE VENDOR AND FUEL VENDORS ARE NOT ACCEPTABLE REFERENCES

1. FIRM NAME: _____ CONTACT: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

2. FIRM NAME: _____ CONTACT: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

3. FIRM NAME: _____ CONTACT: _____ PHONE NUMBER: _____

ADDRESS: _____ FAX NUMBER: _____

**I AUTHORIZE THE RELEASE OF ANY INFORMATION CONCERNING CREDIT HISTORY AND BANKING INFORMATION.
I ACKNOWLEDGE THAT THE CREDIT TERMS ARE DUE UPON RECEIPT OF INVOICE.
AND TO THE BEST OF MY KNOWLEDGE THE ABOVE LISTED INFORMATION IS TRUE AND ACCURATE.**

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINTED NAME: _____ DATE: _____

PLEASE LIST AUTHORIZED PERSONNEL TO RENT OR LEASE EQUIPMENT: _____