

# TWINSTAR LEASING, LTD.

## CREDIT INFORMATION & NEW ACCOUNT APPLICATION

Please complete and return via fax to 843-971-0150 Attention: Margie

Full Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

WHO MAKES YOUR DECISION TO LEASE EQUIPMENT?

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US?

\_\_\_\_\_ SALES REPRESENTATIVE/AGENT CALL  
\_\_\_\_\_ SPOTTED A TWINSTAR LEASING CHASSIS ON THE ROAD  
\_\_\_\_\_ SPOTTED A TWINSTAR LEASING CHASSIS IN A DEPOT  
\_\_\_\_\_ REFERRED BY AN EXISTING CUSTOMER: \_\_\_\_\_  
\_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU HAVE LIABILITY COVERAGE OF AT LEAST \$1MILLION? Yes No  
PLEASE ASK YOUR INSURERS TO ISSUE AN INSURANCE CERTIFICATE NAMING TWINSTAR LEASING, LTD.  
AS NAMED INSURED WITH COVERAGES AS ABOVE

WHAT TYPE OF DROP FRAME TANK CHASSIS ARE YOU INTERESTED IN LEASING AND HOW MANY?  
(Check as many as apply - We will review our inventory and let you know what we have available  
and issue a rate quote based on your desired term of lease)

\_\_\_\_\_ 1. Tri-axle  
\_\_\_\_\_ 2. Widespread  
\_\_\_\_\_ 3. Tandem  
\_\_\_\_\_ 4. Hi / Lo Swing Bolster  
\_\_\_\_\_ 5. Light weight spread axle

WHAT LEASE PLANS ARE YOU INTERESTED IN AT THIS POINT:

\_\_\_\_\_ MONTH TO MONTH LEASE  
\_\_\_\_\_ TERM LEASE (ONE YEAR OR LONGER)

Years in business: \_\_\_\_\_

Ownership: Partnership, Corporation - sole shareholder or more than one shareholder

Date & State of incorporation: \_\_\_\_\_

Major shareholder or sole shareholder information:  
Name Address Telephone

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Officers:  
Name Address Telephone

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Annual Revenue for the last three years:

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Top 3 Customers - may we call them? Yes No  
Customer / Contact / Telephone

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Top 3 Vendors:  
Customer / Contact / Telephone

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Bank Reference:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_