



AMAMRILLO, TX LOCATION 0

DALLAS / FT. WORTH, TX LOCATION 0

OKLAHOMA CITY, OK LOCATION 0

## RENTAL & LEASING CREDIT APPLICATION

Legal Name Under Which Business Operates				Federal ID #		Years in Business	
If Division/Subsidiary, Name of Parent Company				Corporation _____ Partnership _____ Proprietorship _____		Other _____	
Name of Owner / Principal: _____ Title: _____				Type of Business		Number of Employees	
Physical Address		City	State	Zip	Phone	Fax	
					PO # required: Yes _____ No _____		
Billing Address		City	State	Zip	Accounts Payable Contact: _____		
					Phone:	Fax:	

### Bank References

Bank Name and Branch			Address		
City	State	Zip	Telephone	Bank Contact	

### Trade References

Credit limits are based on information received from credit references. Please provide the largest unsecured creditors.

Company Name	Address	City	State	Zip	
Contact Name				Phone	Fax
Company Name	Address	City	State	Zip	
Contact Name				Phone	Fax
Company Name	Address	City	State	Zip	
Contact Name				Phone	Fax
Company Name	Address	City	State	Zip	
Contact Name				Phone	Fax

I hereby certify that the information contained hereined is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Bruckner Leasing Company in order to verify the information contained herein. The undersigned individually, jointly, severally, absolutely, independently, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Bruckner Leasing Company.

By signing this credit application you authorize Bruckner Leasing Company to run a Credit Score Report to help in establishing an open account of credit with Bruckner Leasing

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_



TO: LOCKTON RISK SERVICES  
ATTN: Leasing Dept.

DATE: \_\_\_\_\_

LRS TRUCK LEASING PROGRAM  
CUSTOMER APPLICATION

LEASING COMPANY: BRUCKNERS LEASING CO.

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

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

CITY, STATE, ZIP: \_\_\_\_\_

NOTICE: ALL INFORMATION MUST BE COMPLETED IN FULL.  
\*\* INCLUDE TRUCK DRIVER PROFILE FOR ALL DRIVERS IF PRIMARY COVERAGE CHECKED\*\*

1. Type of customer qualification requested: *(Check All Boxes That Apply)*
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Primary Liability    | <input type="checkbox"/> Primary Physical Damage    | <input type="checkbox"/> Reactivate Customer                              |
| <input type="checkbox"/> Contingent Liability | <input type="checkbox"/> Contingent Physical Damage | <input type="checkbox"/> Conversion to Contingent Coverage will apply per |
| <input type="checkbox"/> No Liability         | <input type="checkbox"/> No Physical Damage         | rental or leasing Agreement   |
2. Type of contract: *(Check One)*
- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Rental | <input type="checkbox"/> Finance Lease With Maintenance Agreement    |
| <input type="checkbox"/> Lease  | <input type="checkbox"/> Finance Lease Without Maintenance Agreement |
3. Type of Business:
- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Common Carrier |
|---------------------------------|---|
- Description: \_\_\_\_\_

4. Will any of the following commodities be hauled?  Yes  No If yes, *check each* that applies.
- |  |  |
|--|--|
| <input type="checkbox"/> Class A & B Poisons and Poisonous Gases | <input type="checkbox"/> Hazardous Wastes/Contaminated Materials/Radioactive Waste     |
| <input type="checkbox"/> Class A & B Explosives                  | <input type="checkbox"/> Flammables-Bulk Gases, Liquids and Solids                     |
| <input type="checkbox"/> Combustibles                            | <input type="checkbox"/> Radioactive Materials other than waste                        |
| <input type="checkbox"/> Blasting Agents                         | <input type="checkbox"/> Corrosive Materials   |
| <input type="checkbox"/> Unbaffled Tank Trucks                   | <input type="checkbox"/> Risk Required by law to carry liability limits of \$5,000,000 |
| <input type="checkbox"/> Junk, Salvage, Scrap                    | <input type="checkbox"/> Vehicle Leased/Rented to other lease/rental concerns          |
| <input type="checkbox"/> Garbage                                 | <input type="checkbox"/> Auto Towing/Wrecking Operations                               |
| <input type="checkbox"/> Livestock                               | <input type="checkbox"/> Flatbed Trailer Loads   |
| <input type="checkbox"/> People                                  | <input type="checkbox"/> Sand and Gravel   |
| <input type="checkbox"/> Logs                                    |  |

5. Has customer's insurance ever been canceled? (Primary coverage only)  Yes  No  N/A if MO  
If yes, please explain: \_\_\_\_\_
6. Has the customer experienced any auto claims in the past 3 years?  Yes  No  
If yes, provide details of any auto claims. \_\_\_\_\_

Customer's insurance information

7. AGENT/BROKER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE AND FAX #: \_\_\_\_\_  
CONTACT: \_\_\_\_\_
- Insurance is in the name of:  
*(if different than customer name)* \_\_\_\_\_