



## SOUTHEAST UTILITY TRAILER LLC

OFFICE: 404.363.4383 Fax: 404.363.4365

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Year Founded: \_\_\_\_\_  Corp.  LLC  Sole Proprietorship  Other FEI#: \_\_\_\_\_

Parent Co: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Tax Exempt: Y or N Tax # \_\_\_\_\_

Authorized Officers of Corporation, or Name(s) of owners:  
\_\_\_\_\_

Is P.O. Required ? Y / N If Yes, who is authorized to sign? \_\_\_\_\_

Credit Limit Desired? \_\_\_\_\_

### **Trade and Credit References:**

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

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

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

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

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

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

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

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

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

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

Account # \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

### **Acknowledgement of Terms:**

The above information is submitted for the purpose of obtaining credit and is warranted to be true. Applicant signature attests financial responsibility, ability and willingness to pay obligations in accordance with Southeast Utility Trailer LLC terms. If it becomes necessary to collect any indebtedness incurred as a result of this application, applicant agrees to pay all cost of the collections, including reasonable attorney's fees.

Full Name of Applicant: \_\_\_\_\_

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