



CREDIT APPLICATION THE EAGLE LEASING COMPANY

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SOUTHBORO, MA. 01772
FAX: (508) 481-8028

www.eagleleasing.com
1-800-GET-EAGLE

Eagle Leasing Salesperson: _____ Office: Southboro, Ma. ____ Orange, Ct. _____

BUSINESS INFORMATION

Name:			
Company name:			
Phone:	Fax:	E-mail:	
Billing address:			
City:		State:	ZIP Code:
Years in Business:	A/P Contact:	Phone:	
Sole proprietorship:	Partnership:	Corporation:	Limited Liability Co.
Federal ID#	DUNS#	PO Required?	Y N
Type of Business:		State:	ZIP Code:
Officer:	Title:	SS#	
Officer:	Title:	SS#	
Bank Reference:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number:		

BUSINESS/TRADE REFERENCES

PLEASE LIST POWER LEASING SOURCES, FINANCING COMPANIES, TIRE VENDORS, PART VENDORS ONLY

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:		City:	State: Zip:
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

INSURANCE INFORMATION

COMPANY: _____ AGENT NAME: _____
POLICY # _____ PHONE : _____

All invoices are to be paid 20 days from the date of the invoice. These terms are preprinted on all Eagle Leasing invoices. If an account becomes delinquent to the point of turning it over to a collection agency or attorney, the customer agrees to pay any collection fees or court costs. Eagle Leasing will charge a service fee for returned checks. The undersigned hereby authorizes the above named bank(s), trade(s) and/or other credit reference(s) to release such information as is necessary to establish credit with The Eagle Leasing Company.

SIGNATURES

Name _____ Date _____		Name _____ Date _____	
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