ACCOUNTING INFORMATION

Please Complete And Return At Your Earliest Convenience

FAX # 321-728-4401

Corporation Name _____
D/B/A Business Name _____
FEIN (Federal Emp ID Number) _____
Guarantor Name _____
Owner's Driver's License Number _____
Owner's Social Security Number _____
Type of Business _____
Email Address and/or Web Site _____
Mailing Address _____
Street/Shipping Address _____
Phone( ) _____ WATS(800#) _____
Fax ( ) _____ Supv. Cellular _____
Tax Exempt? Yes____ No ____ Tax Exempt # _____
Individual/Sole Proprietor____ Partnership ____ Corporation ____Other_____
Does your company require a Purchase Order? Yes ____ No ____

Name of Principal Owner(s), Officer(s), Partner(s):

1.) _____
Name Officer Title
2.) _____
Name Officer Title
3.) _____
Name Officer Title

Signature of Guarantor or Owner (a MUST!) _____
1.) _____
Name Site Supervisor/Fleet Maintenance Supervisor
2.) _____
Name Accounts Payables/Accounting Contact Name

Name of primary Banking Institution: _____
_____
Address/Local Phone # Account #

Provide local trade references, other than bank:
1.) _____
Name Address Phone #
2.) _____
Name Address Phone #
3.) _____
Name Address Phone #

**ANY QUESTIONS? PLEASE E-MAIL US AT *LEESTOWING@AOL.COM*

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