

Hale Trailer Brake and Wheel - Credit Application For Trailer Service
1.800.232.6535

Please fill out this form, print it out and fax it to 856.768.7671

Fields in red are required.

Branch Location:	<input type="text"/>	Email:	<input type="text"/>
Your Hale Salesperson:	<input type="text"/>	Web Site URL:	<input type="text"/>
Equipment Type:	<input type="text"/>	Entity Type:	<input type="text"/>
Business Name:	<input type="text"/>	Tax ID #:	<input type="text"/>
Address:	<input type="text"/>	Business Started:	<input type="text"/>
City, State, Zip:	<input type="text"/>		
Business Phone #:	<input type="text"/>		
Mobile Phone #:	<input type="text"/>		

Principal Information

Name:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>	City, State, Zip:	<input type="text"/>
Social Security #:	<input type="text"/>	Social Security #:	<input type="text"/>
Date of Birth:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Phone #:	<input type="text"/>	Home Phone #:	<input type="text"/>

Credit References

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/>	Phone #:	<input type="text"/>
Contact:	<input type="text"/>	Contact:	<input type="text"/>

Trade References

Name:	<input type="text"/>	Name:	<input type="text"/>
Phone #:	<input type="text"/>	Phone #:	<input type="text"/>
Contact:	<input type="text"/>	Contact:	<input type="text"/>

Banking References (Checking, savings, retirement accounts)

Name:
Phone #:
Checking #:

Name:
Phone #:
Savings #:

Insurance Information

Agency:
Address:
Contact:
Phone #:
Ins. Co.:
Policy #:
Expiration:

Hauling Information

Products Hauled:
Hauling Area:
Company Hauling For:
Phone #:
Contact:

Equipment Owned

of Trucks:
of Trailers:

Nearest Relatives (Please list two)

Name:
Phone #:
Name:
Phone #:

Authorization for Release: For the purpose of securing an open credit account or financing, I authorize all deposit and borrowing information to be released by telephone or facsimile. If approved for an open credit account I agree to pay all invoices according to the terms thereof. I understand that a late charge of 1 & 1/2% per month may be charged to my account for any past due invoice (s).

Authorizing Signature: _____