8710 Gateway Blvd E, El Paso, TX 79907
Phone: 915.633.8130 | Fax: 915.633.8135
Email: information@rleasing.com

CONFIDENTIAL CUSTOMER CREDIT APPLICATION

Legal Business Name:		**Business start date:**	**FTID or SS#:**	
DBA:		**Company Primary Phone #:**		**# of Employees:**
Physical Address:	**City:**	**State:**	**Zip:**	**How long?**
Contact Name:	**Title:**	**Phone #:**		**Email:**
☐ **Check if billing address is same as above**		**PO# Required? Y/N:**		
Billing Address:	**City:**	**State:**	**Zip:**	
A/P Contact Name:	**Title:**	**Phone #:**		**Email:**
Business Type (Corp/LLC/Sole Proprietorship/Partnership/Government):				
President/CEO if Corp/LLC:				
Authorizing Officer if Govt:				
Principals if Partnership **Name:**		**SS#:**		**% of ownership:**
Name:		**SS#:**		**% of ownership:**
DOT#:	**MC#:**	**Fleet Size - # Trucks**		**# Trailers**
Equipment Garage Location:		**City:**	**State:**	**Zip:**

BANK NAME:	**ACCT.#**	**PHONE #**	**CONTACT**
CREDITOR 1	**ACCT. #**	**PHONE #**	**CONTACT**
CREDITOR 2	**ACCT. #**	**PHONE #**	**CONTACT**
CREDITOR 3	**ACCT. #**	**PHONE #**	**CONTACT**

Have you ever filed bankruptcy?	**When?**	**Chapter:**
Have you ever had goods/vehicles repossessed?	**When?**	
Do you have any unsatisfied liens, suits or judgements?		
INSURANCE COMPANY NAME:	**POLICY #**	
INSURANCE AGENT NAME:	**PHONE #:**	**EMAIL:**

****CUSTOMER MUST PROVIDE R LEASING INSURANCE CERTIFICATE NAMING R LEASING, R SALES OF EL PASO, AND MVT LEASING, LLC ADDITIONAL INSURED & LOSS PAYEE** (PRIOR TO TRAILER DELIVERY)**

By signing below, I authorize the release of any information concerning credit history and banking information and acknowledge that credit terms are net 10-days from invoice date. I also acknowledge that the information contained in this credit application is accurate and truthful.
I/We further state than and all equipment rented/leased and/or financed by R Leasing, LLC shall be used for commercial purpose ONLY. Said equipment will not be used for illegal activities or any unlawful purpose.

Authorized signature:	**Date:**
Printed name:	**Title/Position:**
When 50%-50% partnership:	
Authorized signature:	**Date:**
Printed name:	**Title/Position:**