

PENN INTERMODAL LEASING, INC.
CREDIT INFORMATION & NEW ACCOUNT APPLICATION

THIS INFORMATION WILL BE USED FOR CREDIT PURPOSES ONLY
Please complete and return via fax to 212-344-6708 Attention: Credit

Full Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ - _____ - _____ Fax: (____) _____ - _____ - _____

WHO MAKES YOUR DECISION TO LEASE EQUIPMENT?

Name: _____

Email: _____

Phone: (____) _____ - _____ - _____ Fax: (____) _____ - _____ - _____

PENN PERIODICALLY SENDS PRODUCT AND INVENTORY INFORMATION VIA FAX AND/OR EMAIL. DO YOU WANT TO RECEIVE SUCH INFORMATION? Yes No

HOW DID YOU FIND OUT ABOUT US?

_____ SALES REPRESENTATIVE/AGENT CALL

_____ SPOTTED A PENN/CHIEF CHASSIS ON THE ROAD

_____ VISITED A PENN/CHIEF DEPOT

_____ REFERRED BY AN EXISTING CUSTOMER: _____

_____ OTHER _____

DO YOU HAVE AUTOMOBILE/GENERAL LIABILITY COVERAGE OF AT LEAST \$1 MILLION PER PERSON PER OCCURRENCE? Yes No

DO YOU HAVE PROPERTY AND CASUALTY COVERAGE OF AT LEAST \$250,000?
What is the extent of your coverage, if less than \$250,000? \$ _____

IF YOUR NEED FOR EQUIPMENT IS URGENT, YOU CAN SAVE TIME BY ASKING YOUR INSURERS TO ISSUE AN INSURANCE CERTIFICATE NAMING PENN INTERMODAL LEASING, INC. AS NAMED INSURED WITH COVERAGES AS ABOVE

PENN INTERMODAL LEASING, INC.

WHAT TYPE OF CHASSIS ARE YOU INTERESTED IN LEASING?

(Check as many as apply)

_____ Chief Anysizer Spreadaxle chassis (1 x heavy* 20 ' , 2 x empty 20's, 1 x 40'load, 1 x 45' load) Note - some models may not have all capabilities

_____ Cheetah Heavyhauler Triaxle chassis (1 x heavy* 20' load)

_____ ISO Tank dropframe chassis

*: heavy loads of upto 52,900 lbs. of container and freight

WHAT LEASE PLANS ARE YOU INTERESTED IN AT THIS POINT:

(Check as many as apply) :

_____ DAILY RENTAL (Available for Chief Anysizer Chassis ONLY)

_____ MONTH TO MONTH RENTAL

_____ TERM LEASE (ONE YEAR OR LONGER)

1.) **Fleet Owned or Leased-** please specify type (tractors, trailers, chassis), quantity and whether owned or leased (add an additional sheet if necessary):

Description Type Age Lessee or lien holder

2.) **Maintenance Program** - how do you maintain your equipment?

Run your own maintenance? No. of mechanics _____ No of bays: _____

Subcontracted maintenance? Vendor: _____

Vendor Tel#: _____

3.) **Years in business:** _____

4.) **Ownership:** Partnership, Corporation - sole shareholder or more than one shareholder

Date & State of incorporation: _____

Major shareholder or sole shareholder information:

Name Address Telephone

PENN INTERMODAL LEASING, INC.

Officers:

Name Address Telephone

4) Type business: Common Carrier, Intermodal Carrier

5) Annual Revenue for the last three years:

6) **Operating Rights:**

7) **Top 3 Customers -** may we call them? Yes No
Customer Contact Telephone

8) **Top 3 Vendors:**
Customer Contact Telephone

9) **Bank Reference:**

Name: _____

Address: _____

Contact: _____ Phone: _____

PLEASE ATTACH THE LAST YEAR'S FINANCIAL STATEMENTS.