PENN
Intermodal Leasing LLC

CREDIT INFORMATION & NEW ACCOUNT APPLICATION

Provide 3 years (2 minimum) of financial statements including a Profit & Loss Statement, Balance Sheet, and Cash Flow Statement.

This information will be used for credit purposes only
Please complete this form and return via fax to (610) 595-0355 or email to operations@pennlease.com

COMPANY INFORMATION

Company Legal Name: _____ DOT #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business:
- ☐ Common Carrier
- ☐ Intermodal Carrier
- ☐ Operator
- ☐ Chemical Company
- ☐ Chemical Distributer
- ☐ Environmental Company
- ☐ Other, Please Specify _____

Who makes your decisions to lease equipment?

Name: _____

Email: _____

Phone: _____ Fax: _____

EQUIPMENT

What type of chassis are you interested in leasing?
- ☐ Dropframe Tank Chassis
- ☐ Hi-Lo Tank Chassis
- ☐ Standard Triaxle Dropframe
- ☐ Triaxle Dropframe with Extendable Slider
- ☐ Others, Please Specify _____

What type of equipment does your company use?

Description	Type	Quantity	Age	Owned/Leased

Please attach a sheet to the back of this application if more lines are needed.

INSURANCE

Do you have automobile general liability coverage of at least $5 million per person per occurrence?

☐ Yes
☐ No

Do you have property and casualty coverage of at least $250,000?

☐ Yes
☐ No

What is the extent of coverage if less than $250,000? _____

If your need for equipment is urgent, you can save time by asking your insurers to issue and insurance certificate naming Penn Intermodal Leasing, LLC as named insured with the coverages above.

MAINTENANCE

Do you run your own maintenance?   ☐ Yes   ☐ No

  If, yes. # of Mechanics: _____   # of Bays: _____

Do you subcontract your maintenance?   ☐ Yes   ☐ No

  If, yes. Vendor Name: _____   Phone: _____

FINANCIAL INFORMATION

==Provide 3 years (2 minimum) of financial statements including a Profit & Loss Statement, Balance Sheet, and Cash Flow Statement.==

What were your annual revenues in each of the last 3 years? _____

_____

Contact in your Accounts Payable group:

Name	Title	Phone	Email

REFERENCES

Bank Reference:

Bank Name	Address	Contact	Phone

Top Customers:

Customer Name	Contact	Phone	May We Call?

Please attach a sheet to the back of this application if more lines are needed.

Top Vendors:

Vendor Name	Contact	Phone	May We Call?

Please attach a sheet to the back of this application if more lines are needed.

SALES & MARKETING

How did you hear about us?

☐ Sales Representative
☐ Referred by an Existing Customer, Please Specify _____
☐ Internet Search
☐ Saw a Penn Unit on the Road
☐ Visited a Penn Depot
☐ Other, Please Specify _____

Penn periodically sends out product and inventory information via email. Do you want to receive this information?

☐ Yes   ☐ No