



7500 Reba Drive  
 P.O. Box 58205  
 Raleigh, North Carolina 27658  
 Phone (919) 876-2952  
 FAX (919) 878-3522

(please use typewriter or black ballpoint pen and fill out completely)

ACCOUNT NAME: \_\_\_\_\_ (LEGAL NAME OF PARENT CO. IF DIV. OR SUBSIDIARY)

BILLING ADDRESS: \_\_\_\_\_ (IF P.O. BOX, SHOW STREET ADDRESS IN PARENTHESIS)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ATTN: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NO.: ( ) \_\_\_\_\_ FAX NO.: ( ) \_\_\_\_\_ RESALE NO.: \_\_\_\_\_  
(ALSO, PLEASE LIST ACCTS./PAYABLE TEL. NO. IF DIFFERENT) (APPLICANTS HAVING N.C. SALES TAX EXEMPT STATUS MUST ENCLOSE A COMPLETED NCE-590 FORM)

PRESIDENT/OWNER(S) NAME: \_\_\_\_\_ TREAS./CONTROLLER: \_\_\_\_\_

TYPE OF FIRM:  INDIVIDUAL  PARTNERSHIP  PRIVATE CORP.  PUBLIC CORP. SS # OR FED. ID #: \_\_\_\_\_

CREDIT LINE REQUESTED: \$ \_\_\_\_\_ NO. OF YEARS IN BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ P.O.'s REQUIRED? \_\_\_\_\_

NUMBER OF TRUCKS YOUR COMPANY OPERATES: \_\_\_\_\_

**REFERENCES (Please include complete mailing addresses)**

BANK NAME	STREET	CITY / STATE / ZIP	PHONE	FAX	CONTACT	ACCOUNT NO.
BANK NAME	STREET	CITY / STATE / ZIP	PHONE	FAX	CONTACT	ACCOUNT NO.
TRADE REFERENCE		STREET		CITY / STATE / ZIP		
PHONE	FAX	CONTACT		ACCOUNT NO.		
TRADE REFERENCE		STREET		CITY / STATE / ZIP		
PHONE	FAX	CONTACT		ACCOUNT NO.		
TRADE REFERENCE		STREET		CITY / STATE / ZIP		
PHONE	FAX	CONTACT		ACCOUNT NO.		

**LIST ALL MAJOR EQUIPMENT OWNED, BEING PURCHASED OR LEASED**

YEAR	DESCRIPTION	BALANCE DUE	AMOUNTS OF PAYMENTS	DUE DATE	MORTGAGEE, LIENHOLDER OR LESSOR	INCLUDE NAME ACCOUNT MAINTAINED IN, IF OTHER THAN ABOVE	PHONE NUMBER

**INSURANCE**

INSURANCE AGENT	AGENT'S TELEPHONE NO.	AGENT'S FAX NO.
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**APPLICANT'S AUTHORIZATION & AGREEMENT**

In support of this application, Cooper Leasing, Inc., is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application, and person signing this application is also liable hereunder.

We (I) understand that payment terms are due and payable ten (10) days after receipt of invoice. We (I) further understand that, if payment is not received by the due date, a delinquent charge at the rate of 1.5% per month (annual percentage rate of 18%) will be added to the outstanding balance, plus expenses of collection including a 15% attorney's fee if the account is referred to an attorney for collection. COOPER LEASING, INC. reserves the right to limit purchases and service requests and the right to place any account on C.O.D. should Lines of Credit be exceeded and/or payments are not received in a satisfactory manner.

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Credit Dept. Use Only**

Credit Approved \_\_\_\_\_ Account No. Assigned \_\_\_\_\_ Maximum Amt. \_\_\_\_\_  
 Rejected \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_