

TURBO

SALES & LEASING

2037 Old Candler Road
Gainesville, Georgia 30503
Phone 678-450-7800 Fax # 770-287-5747
E-mail address tslrental@gottc.com

TSL RENTAL CUSTOMER INFORMATION SHEET

COMPANY INFORMATION

Company name:

Phone:

Fax:

E-mail:

Physical address:

Mailing address:

City:

State:

ZIP Code:

Account payable contact:

Phone#:

Fax#:

E-mail address:

REQUESTING A PO# INFORMATION AND SALES TAX EMEMPTION

If you require a PO#, please provide the following contact information and how to send it to them.

Name _____ Phone # _____

Fax # _____ E-mail Address _____

Do you have Special Billing Instructions/Requirements? No Yes _____

Is your company sales tax exempt? _____ if yes, please attach your exemption form.

INVOICES

How do you prefer to receive your invoice? Please check **one** of the following choices. Our preferred method is e-mail or fax. Conserving resources and reducing waste is a concern for all of us. You can help us with our "go paperless: initiative by choosing

E-mail. _____

If you prefer to receive by e-mail please provide the e-mail address if it is different from the Accounts payable contact.

Fax _____

If you prefer to receive your invoice by fax, please fill in a fax number if it is different from the accounts payable contact.

Regular Mail _____

If you would like to pay by ACH please contact Denise Nix @ 770-287-8485 Ext. 1034 or e-mail bankingTTC@gottc.com

Please return this form by e-mail to tslrental@gottc.com, fax to 770-287-5747

Thank you for your business

TURBO

SALES & LEASING

Rental Application

P.O Box 981, Gainesville, Georgia 30503
Phone 678-450-7800; Fax# 770-287-5747
E-mail tslrental@gottc.com

BUSINESS CONTACT INFORMATION

Company name:

Phone: Fax: E-mail:

Physical address:

Mailing address:

City: State: ZIP Code:

How long at this address? Date business commenced:

Annual Sales: \$ MC# DOT#

Stock#: Vin#: Financed With:

Sole proprietorship: Partnership: Corporation: Other:

Place Where Unit Will Be Parked

Address: City: State: ZIP

General Areas of Travel:

OWNER AND CREDIT INFORMATION

If Incorporated, Name of Owner: Phone #: E-mail:

Home Address:

City: State: ZIP Code:

Date of Birth: SS#

BUSINESS/TRADE REFERENCES (Companies you pay) **ALL SPACES MUST BE COMPLETED**

Company name:

Address: City: State: ZIP Code:

Phone: Fax: or Email Address

Company name:

Address: City: State: ZIP Code:

Phone: Fax: or E-mail Address:

Company name:

Address: City: State: ZIP Code:

Phone: Fax: or E-mail Address:

Current Hauling Reference:

Phone# Fax# or E-mail Address:

AGREEMENT

INDIVIDUALS signing below certify the information provided in the rental application is accurate and complete. Each individual signing below authorizes Turbo Truck Center, Inc. to obtain information from the references listed above and obtain consumer credit report(s). Information received may be used during approval of rental application. Information above used for maintenance, locating unit, collections, insurance coverage, verification of rental application.

SIGNATURES

Print Name: Owner Signature:

Date: Title:

Check Type of Trailer

Terminal Tractor

Refrigerated

Dry Van