

# TURBO

SALES & LEASING

## Rental Application

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