

**Talay Trailer Sales & Rentals, Inc.**

*40 Sweeneydale Ave, BayShore, NY 11706*

*Phone: 631 231 8800 Fax: 631 231 8801*

**Credit Application**

*The Principal of the Company applying for Credit must fill out this Credit Application and SUBMIT A COPY OF THEIR DRIVER'S LICENSE, since they must sign a Personal Guarantee.*

**Name:**

**Present Address:**

**City, State & Zip Code:**

**Home Phone:**

**Date of Birth:**

**SS #:**

**Name of Company:** **EIN #**

**Company Address:**

**City, State & Zip Code:**

**Position in Company:**

**Accounts Payable Contact:** **Phone:**

**Fax:** **Email:**

**Bank:** **Branch:** **Acct#:**

**Transportation Supervisor:** **Phone:**

**Cell:** **Email:**

**Sales Contact:** **Phone:**

**Federal ID #**

*Please fax (631) 231 8801 or email to [mgriffin@talaytrailer.com](mailto:mgriffin@talaytrailer.com) with a copy of your driver's license. We look forward to doing business with you.*

*By signing this application you authorize Talay Trailer to do a credit check.*

X \_\_\_\_\_

Date: \_\_\_\_\_