



Instructions to Process for Emailing:

1. Click the Download button in the top right (↓)
2. Save as .pdf extension
3. Open file in a PDF viewer (i.e. Adobe, Foxit, MuPDF)
4. Type responses in designated fields and **save**
5. Attach to Email and send to steliczan@gmail.com

314 W. Genesee Ave. • Saginaw, MI 48602 • (989) 755-4411 • (800) 292-0235 • Fax: (989) 755-4469

RENTAL ACCOUNT APPLICATION

Company Name _____ Circle Trade Style: Db, Corp., LLC

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____ Email _____

Guarantor Name _____ Title _____ Cell _____

Home Address _____ City _____ State _____ Zip _____

Soc. Security no. ____/____/____ Date of Birth ____/____/____ Email: _____

Others authorized to sign _____

Number of power units (trucks, semi-tractors) owned/leased _____ Number of trailers owned/leased _____

Insurance Agency _____ City _____ Phone _____ Fax _____

Insurance Liability Limit _____ Physical Damage Deductible _____

Bank/Cr. Union _____ Contact _____ City/State _____ /

Account no. _____ Phone _____ Fax _____

Finance Company (s) used for auto, truck and trailer purchases:

Name _____ Acct. # _____ Phone _____

Name _____ Acct. # _____ Phone _____

Address where vehicles are parked when not in use: _____

Hauls For: _____

Major Maintenance/Repairs Done By: _____ Phone _____

Terms: Net due on date out. Subsequent invoices due at beginning of each lease/rental period. A service charge of up to 5% per month may be added to unpaid balances.

Permission is hereby granted to the references listed above and Scientific Leasing to release credit information pertaining to the applicant. Applicant also gives Scientific Leasing permission to obtain credit information from a credit reporting agency or service.

Print Name _____ Title _____ Date _____

Signature _____