

BENLEE DUNRIGHT, INC.
COMPLETE ROLL-OFF SYSTEMS / TRAILERS / CONTAINERS
Parts and Service Credit Application
30383 Ecorse Road, Romulus MI 48174
Phone: (734) 722-8100 ext-128 Fax: (734) 721-8806

GENERAL INFORMATION

Company Name: _____ Phone: _____

Billing Address: _____ Fax: _____

City, State, Zip: _____ Email _____

Shipping Address (if different from above): _____

City, State, Zip: _____

FACTS ABOUT YOUR BUSINESS:

Type of business: Partnership () Corporation & State of _____

Franchise & Franchise of: _____

Business Purpose: _____

Number of years in business: _____

Number of years in business under current owner: _____

Name of owner / president: _____

Amount of credit you are requesting: \$ _____ *PLEASE FILL IN AN AMOUNT*****

Are you tax exempt: _____ If so, tax exempt number: _____

BANKING INFORMATION:

Bank Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Persons authorized to charge to your account: _____

TRADE REFERENCES - 3 REQUIRED

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

ACCOUNTS RECEIVABLE INFORMATION:

Name and Title of Accounts Payable Contact: _____

Is Purchase order required? _____

(Please take the time to fill out this application completely!! Any missing information will only delay the process. Credit reference inquiries are processed by fax, you must provide these numbers. If you should need any assistance, please call!!)

Tiffany Lucas