



Credit Application

* Denotes a REQUIRED field

Equipment Type

What type of equipment are you interested in leasing? *: <input type="radio"/> Chassis/Containers <input type="radio"/> Trailers	Who is your Milestone Sales Rep (If no one, write None)? *: _____
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Insurance Requirements

Milestone requires the following Primary insurance coverages:
 - Auto Liability of \$1 Million - Commercial General Liability of \$1 Million - Physical Damage/Trailer Interchange Coverage
 In lieu of Physical Damage/Trailer Interchange Coverage, you may elect to select our Loss Damage Waiver (LDW) program **(Available on Trailers only)**. Would you like more information on our LDW program? * Yes No
Interest in our LDW program is NOT your election to select the program. If you choose to select the LDW program, an addendum will be present for your signature to confirm your election into the program.

Company Information

Company Full LEGAL Name*:		
Tax ID Number*:	SCAC Code:	
Legal Structure*: <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Individual	State Originally Organized*:	
Year Business Started*:	# of Employees*:	Annual Revenue*: \$
Is your company an agent / subsidiary of a parent company? *: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next question.</i>		
Parent Company Name*	Parent Contact Name*:	
Parent Contact Phone*: ()	Parent Contact Email*:	
Has your company operated under other SCAC Codes?*: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next question.</i>		
Other SCAC Codes operated under*:		
Have you ever filed for bankruptcy? *: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next question.</i>		
Please provide the date(s) of bankruptcy filing(s) *:		
Tax Exempt Status*: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, submit Tax Exempt certifications with application. If NO, go to next.</i>		
Will payments originate from outside U.S.? *: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next question.</i>		
Please provide the country from which payments will originate*:		
Do you require a Purchase Order (P.O.)? * <input type="radio"/> Yes <input type="radio"/> No		
Company Billing Contact Name*:	Company Billing Phone Number*: ()	
Company Billing Email Address*:		

Headquarters Address

Headquarters Address 1*:	Headquarters Address 2:	
City*:	State*:	Zip Code*:
Use HQ address as my Billing Address*: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next question.</i>		
Billing Address*:	Billing Address 2:	
City*:	State*:	Zip Code*:
Use HQ address as my Mailing Address*: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO go to next question.</i>		
Mailing Address 1*:	Mailing Address 2:	
City*:	State*:	Zip Code*:
Is HQ Address the same physical address where owned/leased equipment is located? *: <input type="radio"/> Yes <input type="radio"/> No <i>If YES, answer below. If NO, go to next questions</i>		
Physical Address 1*:	Physical Address 2:	
City*:	State*:	Zip Code*:

Principal/Beneficial Owner *If additional Principals/Beneficial Owners, attach info with application.*

Entity Type*: Corporation LLC Partnership Individual

If Entity Type is Individual, complete info below.

First Name*:	Last Name*:	
Middle Name*:	Suffix:	
Date of Birth*: / /	Social Security # (optional):	
Street Address 1*:	Street Address 2:	
City*:	State*:	Zip Code*:
Ownership Share Percentage*: %		

If Entity Type is Corporation, LLC or Partnership, complete info below.

Company or Entity Name*:	State of Organization*:	
Date Founded*: / /	Tax ID Number*:	
Street Address 1*:	Street Address 2:	
City*:	State*:	Zip Code*:
Ownership Share Percentage*: %		

Related Companies Info *If additional Related Companies Info, attach info with application.*

Company Name:		
Street Address 1:	Street Address 2:	
City:	State:	Zip Code:
Is there another related company? <input type="radio"/> Yes <input type="radio"/> No <i>If YES answer, provide info with application. If NO, go to next question.</i>		

Trade Reference 1

Company Name*:	Contact Name:	
Street Address 1:	Street Address 2:	
City:	State:	Zip Code:
Email Address:	Phone Number*: ()	
Contact Email Address:		

Trade Reference 2

Company Name*:	Contact Name:	
Street Address 1:	Street Address 2:	
City:	State:	Zip Code:
Email Address:	Phone Number*: ()	

Bank Reference

If additional Bank References, attach info with application.

Bank Name*:		
Street Address 1:	Street Address 2:	
City:	State:	Zip:
Account Number:	Contact Name:	
Contact Billing Email Address:	Contact Phone Number: ()	

Operating Line of Credit (all optional)

Bank Name:	Contact Name:	
Approved Line Amount: \$	Outstanding Balance: \$	
Contact Email Address:	Contact Phone Number: ()	

Top Haul Customers (all optional)

Customer 1:	Customer 2:	Customer 3:
% of Business:	% of Business:	% of Business:

Fleet Stats

If answer is none for any of the questions below, enter N/A.

Fleet Size – Drivers*:

USDOT Number*:

MC Number*:

Fleet Size – Power*:

Equipment Usage

Do you intend to the equipment outside the U.S.? * Yes No

If YES, answer below. If NO, go to next question.

Please select ALL countries that apply*: Canada Mexico

W-9 Form (Required)

Please submit your W-9 Form with your application*

Sign & Submit Application

Milestone shall determine, in its sole discretion (i) whether to accept Company as a customer, (ii) whether a guarantor shall be required, if any, (the "Guarantor"), and (iii) the maximum number of units of equipment which may be rented by Company during the period a Rental/Lease Agreement, as such term is defined below. Company understands that Milestone may retain this Application whether or not it is approved.

Upon such determination, in order to rent/lease trailers with Milestone, (i) Company shall enter into an equipment rental agreement and/or lease agreement with Milestone for the possession, use, operation but not ownership of the equipment (in either event, the "Rental/Lease Agreement(s)") and (ii) Guarantor shall enter into a guaranty agreement for the benefit of Milestone which guaranty guaranties the payment and performance of Company under the Rental/Lease Agreement(s) (the "Guaranty").

The undersigned is/are the [legal owner(s)/authorized officer] of Company and by my/our signature(s) below, I/we hereby execute this Equipment Leasing Application (this "Application") for myself/ourselves and on behalf of Company, and further:

- Certifies that all of the foregoing information and other information provided to Milestone in furtherance of this Application is true and correct (under the penalties of perjury) and shall remain true and correct on the date of the Rental/Lease Agreement(s) and any Guaranty. To the extent any of the information is not correct or shall become untrue, including but not limited to changes in ownership [and changes in haul sources], Company and/or the legal owner(s) shall notify Milestone immediately of such misstatement(s) and/or change(s) in writing. Failure to provide such update may result in the abandonment of this Application without penalty or premium to Milestone or additional credit review of the Company, in each case, at Milestone's sole discretion.
- Authorizes Milestone together with any of its third-party vendors to whom Milestone may rightfully refer this Application to investigate and review Company's creditworthiness (collectively, the "Milestone Parties"), as of the date hereof and through the term of any Rental/Lease Agreement, to (i) request and require a credit report with respect to Company, each of its legal owner(s) and/or Guarantor(s) (if any), and each of their respective credit and employment history(ies), (ii) contact Company's creditors and Company further authorizes any such creditor to release credit information about Company as the Milestone Parties may request (any such creditor may rely on this provision to disclose such credit information), and (iii) request and obtain insurance information and evidence of insurance from Company's insurance company(ies).
- Authorizes the Milestone Parties to share this Application and Company's related information in Milestone's possession in connection herewith with any affiliates of Milestone or any potential counterparties engaged in any discussion(s) contemplating the assignment, transfer, sale or any other disposition of any Rental/Lease Agreement which may arise from this Application.
- Authorizes the Milestone Parties to answer any and all third-party questions related to Milestone's credit experience with Company.

This Application may be executed and delivered by electronic (facsimile, email, .pdf or otherwise) transmission shall constitute effective execution and delivery hereof and all purposes and signatures hereto transmitted and/or produced electronically shall be deemed to be their original signature for all purposes. Each of the undersigned, on behalf of each undersigned and Company, hereby agree with the all of the foregoing and certify all information provided herein to be true and correct as of the date hereof and, except as otherwise updated by Company in writing to Milestone, shall be true as of the date of the Rental/Lease Agreement and Guaranty, if any.

First Name*

Last Name*:

Title*:

Signature*:

Date*: / /

Please print and Email the completed Credit Application to credit@milecorp.com or mail the Credit Application to: **Milestone Equipment Holdings, 1520 S. 5th Street; Suite 270; St. Charles, MO 63303**. Please include a copy of your **W-9 Form** and, if applicable, your **tax exempt certifications and additional info** with the completed application.