

**Tristate Storage Trailers**

**Confidential Credit Application**

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

**Customer Information**

**Billing Information**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*See credit card information below.

**Delivery Information**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # to contact prior to delivery \_\_\_\_\_ Name \_\_\_\_\_

Directions \_\_\_\_\_

Special Instructions \_\_\_\_\_

**Insurance**

Insurance Agent \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Liability Policy # \_\_\_\_\_ Comp./Coll. Policy No. \_\_\_\_\_

**By Signing Below, I agree to the Terms and Conditions of the Tristate Storage Trailers rental agreement.**

\_\_\_\_\_  
(Signature) (Print Name)

**By signing below, I authorize Tristate Storage Trailers to charge the following credit card number:**

**MC / VISA (circle one). Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV#** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax completed Application to : 260-432-4677**