



RENTAL CREDIT APPLICATION

CUSTOMER INFORMATION

Full Legal or Company Name		Physical Address (No P.O. Box)		City/State/Zip	
Contact Name		Billing Address		City/State/Zip	
Phone Number		Fax Number		E-Mail Address	
Date of Birth	Social Security No.	% of Ownership **		SIC#	
Headquarters Phone No.	Type of Business	Federal Employer ID No.		State Organized Under	
Incorporated Yes No		Tax Exempt Yes No		Is a P.O. Required Yes No	

**** If more than one business owner, each owner will need to submit a credit application.**

BANKING INFORMATION

Bank Name	Bank Phone No.	Bank Fax No.
Bank Address	City/State/ZIP	Account Number(s)
Contact Name	Comments	

INSURANCE INFORMATION

Insurance Agent	Agent's Phone No.	Agent's Fax No.
Address	City/State/Zip	Contact Name

CREDIT & FINANCE COMPANY REFERENCES (TRUCK OR TRAILER)

1. Supplier/Finance Co. Name	Phone No.	Fax No.
Contact Name	Account No.	Comments
2. Supplier/Finance Co. Name	Phone No.	Fax No.
Contact Name	Account No.	Comments
3. Supplier/Finance Co. Name	Phone No.	Fax No.
Contact Name	Account No.	Comments

I authorize the release of Credit, Banking & Insurance information to Darda Management Group, LLC and I acknowledge that the credit terms of which I am requesting are due within 30 days.

Authorized Signature

Date

825 S. Loop West, Suite A-1, Houston, TX 77054 – Phone: (713) 672-0911 – Fax: (713) 674-6441

Email: info@dardamanagement.com