

C. J. & J. LEASING

PO BOX 223
Atkinson, NH 03811
T: 978-372-1257
F: 978-372-2510

" Roll with the Best! "

NEW CUSTOMER REGISTRATION FORM

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Will the Trailer(s) typically be stored at the Physical Address?

YES [] No []

If **NO**, where will the Trailer(s) be stored?

Address: _____

City: _____ State: _____ Zip: _____

FEDERAL TAX ID # _____ or SSN# _____

DOT # _____

Business Established : _____ In State of: _____ Entity Type: _____
(S-Corp; C-Corp; LLC; Partnership; Etc.)

Main Contact Name: _____

Title: _____ E-Mail _____

Tel: _____ Cell _____

Account Payable Contact Name: _____

Tel: _____ E-Mail: _____

Do you prefer to Pay by (choose one) CHECK [] CREDIT CARD [] ACH []

How would you like to receive your Invoices & Statements? (choose one)

Paperless E-Bills..... []

(All Correspondence will be sent to E-Mail Address Listed)

Traditional Paper Invoices..... []

Do You Require PO #s for Billing? YES [] NO []

Tax Exempt? YES [] NO []

(if yes, please attach completed ST-4 Form)

ALL Road Trailers and/or Customer Pick-Ups **MUST** have a Current Certificate of Insurance on file listing *CJ&J Leasing Corporation as the Loss Payee & Additional Insured.*

CERTIFICATE HOLDER: CJ & J LEASING CORPORATION
1445 Hilledale Avenue, Haverhill MA 01832

Certificates must show at least **\$1 Million in General Liability** coverage as well as **Physical Damage Coverage** for no less than fair current market value of the rented or leased equipment before being released.

If your Insurance Agent should require additional Information please contact the Office at 978-372-1257

RETURN TO: Fax # 978-372-2510 or **E-Mail:** danielle.romanik@outlook.com

THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT PAYMENT IS DUE NET-30 DAYS FROM INVOICE DATE. THE TERMS ARE PRE-PRINTED ON ALL INVOICES. APPLICANT'S FAILURE TO MEET PAYMENT TERMS MAY RESULT IN CREDIT SUSPENSION OR REVOCATION. IF AN ACCOUNT BECOMES DELINQUENT THE CUSTOMER AGREES TO PAY ALL COLLECTION COSTS & REASONABLE ATTORNEY FEES.

AUTHORIZED SIGNATURE: _____

PRINTED: _____

TITLE: _____ DATE: _____