

**TSTL, INC.**  
3111 Grand Ave.  
Pittsburgh, PA 15225  
Phone: (412)-747-7777

# CREDIT APPLICATION

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

**Company Name (Legal Name):**

\_\_\_\_\_ Dba \_\_\_\_\_

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

Federal ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Established: \_\_\_\_\_ Gross Revenue: \_\_\_\_\_ Fleet Size: \_\_\_\_\_ MC/ DOT #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Corporation  Partnership  Proprietorship

Tax Exempt: Yes or No (Attach Exemption Certificate)

**Officer or Owners Information:**

(1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Residence: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Trade References:** (Where you buy products and/or services on credit). Must include fax numbers to process  
**No Tire/Fuel Vendors, Insurance Companies or Com Data, etc. will be considered.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

**Insurance:** TSTL, Inc. must be listed as an Additional Insured and Loss Payee. Minimum liability coverage required. Commercial General and Auto Liability of \$1 Million

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration: \_\_\_\_\_

By the signature of the applicant (officer, principal, owner or partner), you hereby authorize TSTL, Inc. to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. TSTL, Inc. may disclose to any other interested parties our experience with this account. You hereby agree to Net 30 credit terms for all applicable invoices for rental equipment along with any other associated charges.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed application to:**  
**tstl@tristatepgh.com**