



RIHM LEASING

OFFICE USE ONLY:

Sales Initial: _____ Location: _____

Date: _____ Deposit: _____

COD CUSTOMER

CORPORATE APPLICATION FOR COD CUSTOMERS

Business Name _____

Address _____

Contact Name _____ E-mail _____

How would you like to receive invoices and statements if accepted? Check one: Email _____ Mail _____

Phone Number _____ Fax Number _____

Type of Business _____ Years in Business _____ Number of Employees _____

Federal Tax ID # _____ D&B Number _____

US DOT # _____ MC # _____

Are you tax exempt? _____ (If yes, please attach tax exemption certificate)

TYPE OF BUSINESS REQUESTED

MAINTENANCE:

Re

RENTAL: * Insurance Required *

LEASE: * Insurance Required *

How Many Units _____ Typ _____

Term _____

Type _____

Tractors _____

Weekly Mileage _____

Annual Mileage _____

Trailers _____

Unit # _____

Trucks _____

Deposit _____

Other _____

CARD INFORMATION

Credit Card (please check one): Visa _____ Mastercard _____ Discover _____

Credit Card Number: _____ Expiration Date: _____

Three or Four Digit Verification Code (on back of card): _____

Credit Card Holder's Name (print): _____

Credit Card Holder's Street Address: _____

City, State, Zip: _____

Credit Card Holder's Phone #: _____

Credit Card Holder's Signature: _____

Date: _____

SUBMIT COMPLETED FORMS TO:

AR.Remittance@RihmLeasing.com

IF QUESTIONS CONTACT SUE @ 651.800.3334