# BENLEE, INC.

### COMPLETE ROLL-OFF SYSTEMS \*TRAILERS \*CONTAINERS

30383 Ecorse Road, Romulus MI 48174 Phone: (734) 722-8100 Fax: (734) 721-8806

#### **GENERAL INFORMATION**

Company Name:				Phone:
Email:				
Billing Address:				Fax:
City, State, Zip:				
Shipping Address (if different	ent from above):_			
City, State, Zip:				
AP Contact:				
AP Email:				
Purchase Order Required:	Yes	No		
Would you like your invoic	es emailed:	Yes	No	
FACTS ABOUT YOUR B	SUSINESS:			
Type of business: Partners	ship ( ) Corpora	ation & State of	f	
Franchi	se & Franchise of	:		
Business Purpose:				
Number of years in business	s:			
Number of years in business	s under current ov	wner:		
Name of owner / president:				
Amount of credit you are	requesting: \$			***PLEASE FILL IN AN AMOUNT***
Are you tax exempt:	Yes No	If so, tax e	exempt number:	
BANKING INFORMATI	ON:			
Bank Name:				
Address:			City:	
State:	Zip	:	I	Phone:
Persons authorized to charg	e to your account	:		

#### TRADE REFERENCES - 3 REQUIRED

Name:		
	Fax:	
Email:		
Account Number:		
Name:		
	Fax:	
Email:		
Account Number:		
Name:		
Phone:	Fax:	
Email:		
Account Number:		

Please take the time to fill out this application completely!! Any missing information will only delay the process.

## Credit reference inquiries are processed by fax, you must provide these numbers.

Please submit via email: tiffany.lucas@benlee.com or by fax to 734-721-8806

If you should need any assistance, please call!

Tiffany Lucas

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