

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 from above): _____

City, State, Zip: _____

AP Contact: _____

AP Email: _____

Purchase Order Required: Yes No

Would you like your invoices emailed: Yes No

FACTS ABOUT YOUR BUSINESS:

Type of business: Partnership () Corporation & State of _____

Franchise & Franchise of: _____

Business Purpose: _____

Number of years in business: _____

Number of years in business under current owner: _____

Name of owner / president: _____

Amount of credit you are requesting: \$ _____ *****PLEASE FILL IN AN AMOUNT*****

Are you tax exempt: Yes No If so, tax exempt number: _____

BANKING INFORMATION:

Bank Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Persons authorized to charge to your account: _____

TRADE REFERENCES - 3 REQUIRED

Name: _____

Phone: _____ Fax: _____

Email: _____

Account Number: _____

Name: _____

Phone: _____ 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