



**ACCOUNT APPLICATION**

Company Credit Information.....1-2  
Insurance Requirements.....3 (If applicable)  
Credit Card Charge Authorization.....4 (Optional)

Please complete and return to: **WORLDWIDE EQUIPMENT LEASING, INC.**  
**PO Box 1370**  
**Prestonsburg, KY 41653**  
**FAX (606) 874-7802 or (606) 874-9461**  
**PHONE (606) 874-2772**  
**Email: [welease.credit@thetruckpeople.com](mailto:welease.credit@thetruckpeople.com)**

\*\*PLEASE PRINT\*\*

Date \_\_\_\_\_ Salesperson \_\_\_\_\_

Company Name \_\_\_\_\_ DBA \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone # \_\_\_\_\_ FAX \_\_\_\_\_

Federal ID# \_\_\_\_\_ USDOT# \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Annual Sales/Revenue \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor \_\_\_\_\_

Parent Company \_\_\_\_\_

Principal Officer(s) or Owner(s):

\_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_

Contact Person for Accounts Payable \_\_\_\_\_

Address Phone & Fax #s \_\_\_\_\_

Tax Exempt? \_\_\_\_\_ (If yes, please attach a Certificate of Exemption) Worldwide Equipment Leasing, Inc. is required legally to charge sales tax unless a completed exemption form is on file.

Do You Require a Purchase Order? \_\_\_\_\_ Actual PO#? \_\_\_\_\_

What kind of equipment do you use in your operation? Box Trucks \_\_\_\_\_ Flatbed Trucks \_\_\_\_\_ Refrigerated Trucks \_\_\_\_\_

Daycab Tractors \_\_\_ Sleeper Tractors \_\_\_ Trailers \_\_\_ Other \_\_\_\_\_

Number of trucks in your fleet \_\_\_\_\_ Number of trailers \_\_\_\_\_

Do you rent/lease or own this equipment? \_\_\_\_\_

Have you ever leased or rental tractors or trailers from any of our competitors? \_\_\_\_\_

If so, who and what branch? \_\_\_\_\_

What kind of merchandise do you haul? \_\_\_\_\_

Equipment Needs and Rate(s) Quoted: \_\_\_\_\_

**TRADE REFERENCES** (All Four Required): (Please list major vendors and financing companies)

1)NAME \_\_\_\_\_ 2)NAME \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Fax # or Email \_\_\_\_\_ Fax # or Email \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

3)NAME \_\_\_\_\_ 4)NAME \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

**BANK REFERENCES:**

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Loan Account # \_\_\_\_\_ Fax # \_\_\_\_\_

Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

**INSURANCE:** (Please read attached Insurance Requirements to insure compliance)

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Agent \_\_\_\_\_ Phone# \_\_\_\_\_

Email \_\_\_\_\_ Fax# \_\_\_\_\_

Address \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

This application is made with the understanding that payment is due upon receipt of the invoice. A 1½% charge will be assessed to amounts past due 30 days. These terms are pre-printed on all Worldwide Equipment Leasing, Inc. invoices. If an account becomes delinquent to the point of turning it over to a collection agency or attorney, the customer agrees to pay any collection fees or court costs.

The undersigned hereby authorizes the above named bank(s), trade and/or other credit reference(s) to release such information as is necessary to establish credit with Worldwide Equipment Leasing, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Thank you for taking the time to complete our application.*



## CERTIFICATE OF INSURANCE REQUIREMENTS

**1. PHYSICAL DAMAGE – COLLISION & COMPREHENSIVE – Coverage in an amount equal to the value of all Worldwide Equipment Leasing’s equipment in your company’s possession.**

We require proof of both collision and comprehensive coverage and that deductibles for each are listed separately.

We require that this coverage be endorsed with a Loss Payee Clause in favor of Worldwide Equipment Leasing, Inc. and our Finance Source either Paccar or VFS LLC. depending upon equipment type for any equipment rented or leased to you.

*NOTE: If electing to self-insure for physical damage:*

Worldwide Equipment Leasing, Inc. has a Self-Insurance Agreement and a pre-printed letter that needs to be copied onto your letterhead and signed if you self-insure the physical damage portion of your insurance. We will also require that you provide Worldwide Equipment Leasing, Inc. with a current financial statement to insure the eligibility for self-insuring.

Please provide your current financial report and notify Worldwide Equipment Leasing’s insurance department of your desire to self-insure, so these forms can be prepared and sent to you.

**2. LIABILITY – AUTOMOBILE LIABILITY INSURANCE with a combined single limit for bodily injury and property damage in an amount not less than \$1,000,000 per person and per occurrence. (Hazmat Haulers must provide \$5Million in Liability Coverage)**

We require that this coverage names Worldwide Equipment Leasing, Inc., and Paccar Leasing Company as Additional Insured on the coverage of the above with respect to any equipment rented or leased to you.

**3. NOTICE OF CANCELLATION – Thirty (30) days notice of cancellation is to be given to Worldwide Equipment Leasing, Inc. on all coverage.**

**4. CERTIFICATE HOLDER:**

Worldwide Equipment Leasing, Inc.  
& Paccar Leasing Co. (Kenworth’s) or VFS & Assigns (Non Kenworth’s)  
1677 Jaggie Fox Way  
Lexington, KY 40511

*Please remit insurance certificates to your sales representative.*



PAYOR'S AUTHORIZATION FOR CREDIT CARD PAYMENT

I \_\_\_\_\_, as an authorized representative of \_\_\_\_\_,
(NAME) (COMPANY)
authorize Worldwide Equipment Leasing, Inc. to charge my credit card for services rendered.

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_
(Last 3 digits on back of card)

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_
(As it appears on card)

\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

\_\_\_\_\_  
OFFICER SIGNATURE DATE

FAX OR MAIL TO:
Worldwide Equipment Leasing, Inc.
1677 Jaggie Fox Way
Lexington, KY 40511
(859) 233-3740 Phone
(859) 381-8660 fax

PLEASE DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
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