

One Way Lease, Inc. 2601 C Blanding Ave. Alameda, CA 94501 Ph. 888-590-2699 onewaylease.com

## **NEW CUSTOMER INFORMATION and CREDIT APPLICATION**

Please supply a Wholesale Tax Exemption Certificate and copy of W-9 or W-8

Legal Company Name:		
Nature of business:		
Physical address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Owner/Officer:	Title:	Phone:
Accounts Payable Contact:_		Phone:
Federal Tax ID#:	Duns#:	Resale#: (Must provide certificate)
□Corpora	ation State of Incorporation	
☐ Partnership ☐ Limited Liability Co. (LLC)		☐ Sole Proprietorship



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TRADE REFERENCES		
1.) Reference:	Contact:	
Phone:	Email:	
2.) Reference:	Contact:	
Phone:	Email:	
3.) Reference:	Contact:	
Phone:	Email:	
Bank Name:	FINANCIAL INSTITUITION  Contact:	
Phone:	Email:	
Account Number:	Routing Number:	
LEASE INC. to verify the informatio obtaining data from credit reportin	n provided above is true and correct. I further authorize ONE WAY n provided above and or to gather additional information by g agencies. The bank referenced above is also authorized to EASE INC regarding account history.	
Signed:	Title:	
Printed Name:	Date:	