



Business Fleet Program Application  
For LanChester Trailer Supply, LLC

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Contact for Trailer Maintenance: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact for Accounts Payable: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of Trailers to Enroll in Fleet: \_\_\_\_\_

Do you currently have a credit account with LanChester Trailer:  Yes  No

Describe your type of business: \_\_\_\_\_

\_\_\_\_\_

Names of Employees authorized to use the Fleet Account: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you know another business that has a fleet of trailers,  
and might have interest in our fleet program?**

**\*\*\*Earn an additional Free Inspection for every referral that we contact,  
and signs up for our Fleet Business Program. \*\*\***

1.) Business Name \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2.) Business Name \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

3.) Business Name \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_