

HAULING REFERENCE FORM

To: _____

Company: _____

Fax # _____

Of Pages including cover _____

Customers Name _____

How long has this person done work for your company _____

How many trucks does this person have with your company _____

What type of products do they haul for you _____

How often do they work for your company _____

Are you satisfied with the work this person has done _____

Mile Radius: _____ Geographic Location _____

Your Name (please print): _____

Your company Name _____

Company Address _____

Phone # _____

Commercial Lease & Finance Corp. Contact: Dave Mitchell
PHONE: 800-596-2777 FAX: 800-474-0404

Thank You for your cooperation. Please feel free to call if you have any questions.