

**C. J. & J. LEASING**  
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Atkinson, NH 03811  
T: 978-372-1257  
F: 978-372-2510  
**"Roll with the Best."**

# **NEW CUSTOMER REGISTRATION FORM**

**COMPANY NAME:**

**PHYSICAL ADDRESS:**

CITY:  STATE:  ZIP:

**MAILING ADDRESS:**

CITY:  STATE:  ZIP:

**WILL THE TRAILER(S) TYPICALLY BE STORED AT THE PHYSICAL ADDRESS?**

**YES**  **No**

**IF NO, WHERE WILL THE TRAILER(S) BE STORED?**

ADDRESS:  CITY:  STATE:

**FEDERAL TAX ID #**  *or* **SSN#**

**TAX EXEMPT? YES**  **NO**

*(if yes, please attach completed ST-4 Form)*

**MAIN CONTACT NAME:**

TITLE:  E-MAIL:

TEL:  CELL:

**ACCOUNT PAYABLE CONTACT NAME:**

TEL:  E-MAIL:

**DO YOU PREFER TO PAY BY** *(choose one)* **CHECK**  **CREDIT CARD**

**WOULD YOU BE INTERESTED IN ENROLLING IN AUTO-PAY?** **YES**  **NO**

**HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES & STATEMENTS?** *(choose one)*

**PAPERLESS E-BILLS**  *(All Correspondence will be sent to E-Mail Address Listed)*

**TRADITIONAL PAPER INVOICES**

**Do You Require a Purchase Order #?** **YES**  **NO**

## **BANKING REFERENCE**

**BANK NAME:**

**ADDRESS:**

**CONTACT:**  **TELEPHONE:**

## **TRADE REFERENCES**

1. **COMPANY:**

**CITY:**  **STATE:**

**CONTACT:**  **TELEPHONE:**

2. **COMPANY:**

**CITY:**  **STATE:**

**CONTACT:**  **TELEPHONE:**

3. **COMPANY:**

**CITY:**  **STATE:**

**CONTACT:**  **TELEPHONE:**

**SIGNATURE:**

**DATE:**

*(E-Signature Accepted)*

**\*ALL Road Trailers and/or Customer Pick-Ups MUST have a Current Certificate of Insurance on file listing CJ & J LEASING CORPORATION: 1445 Hildale Avenue, Haverhill MA 01832 as the "Certificate Holder" & showing at least \$1 Million in General Liability coverage before being released.\* If your Insurance Agent should require additional Information please contact the Main Office at 978-372-1257 or E-Mail [danielle.romanik@outlook.com](mailto:danielle.romanik@outlook.com)**