

CREDIT APPLICATION

APPLICATION PREPARED BY _____
PLEASE PRINT OR TYPE

PERSONAL INFORMATION					
NAME FIRST		MIDDLE INITIAL	LAST		DATE OF APPLICATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> UNMARRIED <small>(single, widowed, divorced)</small>	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	NO. OF DEPENDENTS
ADDRESS				PHONE NO.	
CITY, STATE, ZIP CODE				HOW LONG AT THIS ADDRESS? YRS.	HOW LONG IN AREA? YRS.
FORMER ADDRESS (FIVE YEAR MINIMUM)		CITY, STATE, ZIP CODE		HOW LONG?	
BUSINESS NAME				BUSINESS TAX I.D. NUMBER	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)				BUSINESS PHONE NUMBER	
EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)					
1	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
2	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
3	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSES INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE.					
SPOUSE'S NAME (FIRST, M.I., LAST)			DATE OF BIRTH	SOCIAL SECURITY NO.	
SPOUSE'S EMPLOYER			POSITION(S) HELD	HOW LONG? YRS.	
NEAREST RELATIVE NOT LIVING WITH YOU SELF		ADDRESS		RELATIONSHIP	
NEAREST RELATIVE NOT LIVING WITH YOU SPOUSE'S					
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES-EXPLAIN BELOW		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES-EXPLAIN BELOW		HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES-EXPLAIN BELOW	
EXPLANATION:					
TRUCK USAGE					
HOW LONG AS OWNER/ OPERATOR? YRS.	OPERATOR LICENSE NUMBER	STATE	DATE	PURCHASER TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE INFORMATION BELOW ON PERSON WHO WILL DRIVE TRUCK.
DRIVER'S NAME (FIRST, M.I., LAST)		ADDRESS			
YEARS OF EXPERIENCE YRS.	OPERATOR LICENSE NUMBER	STATE	DATE	SOCIAL SECURITY NO.	
TRUCK TO WORK FOR - COMPANY NAME		ADDRESS			
IF TRUCKING - BETWEEN WHAT POINTS			OFF HIGHWAY USE	AVERAGE MILEAGE PER MONTH	
FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED					
NAME OF AGENT		ADDRESS			PHONE NO.
NAME OF COMPANY		ADDRESS			COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS

BALANCE SHEET (Attach additional sheets if necessary)			
ASSETS (What you own)		LIABILITIES (What you owe)	
CASH ON HAND & IN BANKS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE			
VEHICLES OWNED		LOANS ON VEHICLES	
		COMPANY	CITY/STATE PHONE NO. ACCT. NO.
REAL ESTATE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGES ON REAL ESTATE	
		COMPANY	CITY/STATE PHONE NO. ACCT. NO.
Monthly Pmt. _____			
OTHER ASSETS (ITEMIZE)		OTHER DEBTS (ITEMIZE)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

BALANCE SHEET (Attach additional sheets if necessary)			
TIME PERIOD: FROM - TO	GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS & EXPENSES OPERATING PROFIT
	+	-	=

CREDIT REFERENCES (List Credit references on Paid Accounts)							
1	NAME	CITY	STATE	PHONE NO.	CONTACT/PERSON	ACCOUNT NO.	HIGHEST OWING
2							
3							

BANK REFERENCE: NAME	CITY/STATE	ACCOUNT NO.
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For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition or the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes the lender to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which the lender deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned any principal officer of undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband; and no such person has been convicted of any felony.

X _____ Signature	Date	X _____ Signature	Date
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FOR OFFICE USE ONLY							
DEALER	CALLED IN BY		DATE	TIME IN	TIME BACK		
SELLING PRICE		COLLATERAL					
Trace in Allowance		YEAR		MAKE	MODEL		
Amount Owning	-	<input type="checkbox"/> CONV <input type="checkbox"/> COE		VEHICLE IDENTIFICATION NUMBER			ENGINE
Net Allowance	=	TRANSMISSION		SUSPENSION		WHEELBASE	
Cash	+	SLEEPER		OTHER			
TOTAL DOWN		APPROVAL					
AMOUNT TO FINANCE		RATE	%	TERM	MOS.	PERCENTAGES DOWN	% ADVANCE
TRACE IN: YEAR	MAKE	FORM COMPLETED BY			APPROVED BY		
MODEL	VALUE OF TRADE	CALL BACK TO					