

**TRUCK OR TRAILER**

**PLEASE PRINT OR TYPE**

**CREDIT APPLICATION**

PERSONAL INFORMATION			
DATE OF APPLICATION	JOINT APPLICATION ___ YES ___ NO	MARITAL STATUS ___ SINGLE ___ MARRIED ___ WIDOWED ___ SEPARATED ___ DIVORCED	NUMBER OF DEPENDENTS
NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS-PHYSICAL	CITY, STATE, ZIP CODE	TIME AT ADDRESS? YRS. MOS.	___ OWN ___ RENT MONTHLY PAYMENT ___
HOME PHONE ( )	CELLULAR PHONE ( )	PAGER ( )	EMAIL ADDRESS
PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS AT CURRENT ADDRESS)		CITY, STATE, ZIP CODE	HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	PHONE NUMBER	RELATIONSHIP TO YOU

**COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOU SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S 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, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER	POSITION HELD	WORK PHONE	HOW LONG? YRS. MOS.

**TO EXPEDITE PROCESSING, PLEASE COMPLETE THE FOLLOWING SECTIONS:**

BUSINESS/EMPLOYMENT INFORMATION			
CONTRACT TO BE IN BUSINESS NAME ___ YES ___ NO	BUSINESS NAME	BUSINESS TAX ID NUMBER	NUMBER OF YEARS IN BUSINESS/ TIME EMPLOYED
ADDRESS	CITY, STATE, ZIP CODE	WORK NUMBER ( )	FAX NUMBER ( )
FIRST TIME OWNER OPERATOR? ___ YES - YEARS EXPERIENCE AS A DRIVER _____ NO - YEARS EXPERIENCE AS OWNER OPERATOR _____			
PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT CURRENT EMPLOYMENT			

HAULING REFERENCES/MAJOR CUSTOMERS			
TRUCK TO WORK FOR (PRIMARY REVENUE SOURCE)	PHONE ( )	CONTACT	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
HAULING BETWEEN WHAT POINTS	MONTHLY GROSS INCOME	COMMODITY HAULED	OFF-HIGHWAY USE ___ YES ___ NO
IF YOU ARE LEASED TO A FLEET, PLEASE LIST NAME		PHONE ( )	CONTACT
ADDRESS OF FLEET HEADQUARTERS (INCLUDING CITY, STATE ZIP CODE)			
PURCHASER TO DRIVE? ___ YES ___ NO	IF NO, PROVIDE INFORMATION ON PERSON WHO WILL DRIVE TRUCK	DRIVERS NAME	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
YEARS OF EXPERIENCE	SOCIAL SECURITY NUMBER	HOME NUMBER ( )	PAGER/MOBIL NUMBER ( )

PRIOR TRUCK AND TRAILER PURCHASES			
IS THIS YOUR FIRST TRUCK/TRAILER PURCHASE? ___ NO ___ YES	IS PURCHASE A: ___ REPLACEMENT ___ ADDITION	HAVE YOU EVER FINANCED A TRUCK/TRAILER? ___ NO ___ YES - PLEASE LIST BELOW	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ( )	DATE FINANCED
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ( )	DATE FINANCED
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ( )	DATE FINANCED

HAVE YOU EVER FILED BANKRUPTCY? ___ NO ___ YES-EXPLAIN BELOW	ARE YOU A DEFENDANT IN ANY LEGAL ACTION? ___ NO ___ YES - EXPLAIN BELOW	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? ___ NO ___ YES - EXPLAIN BELOW
EXPLANATION:		

**\*\*** Number of trucks owned \_\_\_\_\_ Trailers \_\_\_\_\_ **\*\***



