



FINANCE APPLICATION

Phone: _____

Salesman: _____

APPLICANT INFORMATION				
Business Borrower (Company Name)		Phone:		Fed Tax I.D.
Address		City		State Zip
Individual <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/>		Years as O/O		Yrs in Industry
1. Applicant Name(officer of business or O/O)		Title	DOB	% Owned SSN
Address		City		State Zip
Email Address		Cell Phone Number		Home/Office Number
2. Applicant Name(officer of business or O/O)		Title	DOB	% Owned SSN
Address		City		State Zip
Email Address		Cell Phone Number		Home/Office Number
Home Applicant (check one) <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Market Value		Monthly Payment
Have you every filed bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes		Have you ever had an item repossessed? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you a defendant to any legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes

Banking Information		
Bank Name		Contact Name
City		Phone Number
		State Zip

Fleet Vehicle/Financing Information			
Is this purchase a replacement or addition to fleet?		# of trucks in Fleet:	# of trailers in Fleet:
List Fleet Units (Complete fully all units financed in the last 5 years. Attach additional page if necessary)			
Year/Make/Model	Financed at	Phone Number	Payment Balance
Year/Make/Model	Financed at	Phone Number	Payment Balance
Year/Make/Model	Financed at	Phone Number	Payment Balance
Year/Make/Model	Financed at	Phone Number	Payment Balance

Haul Source/Work History (List all haul source/driving experience for the last 5 years. Most recent first.)					
Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started
Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started
Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started
The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm and/or its assigns or person this application is made to and any credit bureau or investigative agency to investigate the referenced statements or other date listed accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part pf said investigation.					
Applicant Signature #1			Applicant Signature # 2		Date

Application MUST be completed in full signed and dated.