

(● = REQUIRED FIELD)		CUSTOMER INFORMATION			
● DATE	● CUSTOMER NAME (OR BUSINESS NAME IF APPLICABLE)		MARITAL STATUS		
			<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED
			<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	
DOING BUSINESS AS	● SOCIAL SECURITY NUMBER		● DATE OF BIRTH	# OF DEPENDENTS	

COMPLETE THE FOLLOWING ONLY IF EQUIPMENT IS TO BE PURCHASED IN A BUSINESS NAME

BUS. TYPE(S-CORP, C-CORP, LLC, ETC)	STATE OF INCORPORATION	DATE OF INCORPORATION	● FEDERAL TAX ID NUMBER	NAME OF SIGNERS FOR BUSINESS	
● APPLICANT'S STREET ADDRESS		● CITY, STATE, ZIP CODE		COUNTY	● HOW LONG? YRS MOS
				● HOMEOWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO	● MO. RENT/MTG PMT
● HOME PHONE ()	WORK PHONE ()	● CELL / PAGER ()	FAX ()	EMAIL	
● APPLICANT TO DRIVE THIS PURCHASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT FIRST TIME OWNER/OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		● APPLICANT TRUCK DRIVING EXPERIENCE YRS MOS	● APPLICANT OWNER/OPERATOR EXP YRS MOS
APPLICANT COMERCIAL DRIVER'S LISCENCE			ISSUE STATE/PROVINCE	ISSUE DATE	
STATE VEHICLE WILL BE TITLED	FIRST TRUCK/TRAILER PURCHASE <input type="checkbox"/> YES <input type="checkbox"/> NO	● TYPE OF GOODS HAULED			
● HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		● ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		● HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
● IF YOU ANSWERED YES(ABOVE) PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY)					
● PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)			● CITY, STATE, ZIP CODE		● HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP TO YOU		PHONE NUMBER ()	
NEAREST RELATIVE ADDRESS - STREET			CITY, STATE, ZIP CODE		COUNTRY

COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR 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 MUST SIGN ON PAGE 2

SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER		
SPOUSE'S EMPLOYER	POSITION HELD	WORK PHONE ()	HOW LONG? YRS MOS	MONTHLY INCOME	

COMPLETE THE FOLLOWING ONLY IF APPLICANT IS NOT THE DRIVER OF THIS PURCHASE

DRIVER OF VEHICLE(IF NOT APPLICANT)		DRIVER'S DATE OF BIRTH	DRIVER'S TRUCK DRIVING EXPERIENCE YRS MOS		
DRIVER'S CDL #	ISSUE STATE/PROVINCE	ISSUE DATE	DRIVER'S STREET ADDRESS		CITY, STATE, ZIP CODE

BANK REFERENCES

BANK NAME	PHONE ()	ACCOUNT NUMBER	BALANCE	ACCOUNT TYPE(CKG,SAV,ETC)	
CITY, STATE, ZIP CODE	CONTACT		CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED
BANK NAME(IF MORE THAN ONE)	PHONE ()	ACCOUNT NUMBER	BALANCE	ACCOUNT TYPE(CKG,SAV,ETC)	
CITY, STATE, ZIP CODE	CONTACT		CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED

EQUIPMENT CREDIT INFORMATION

● LENDER / INSTITUTION NAME	● PHONE ()	ACCOUNT NUMBER	BALANCE	YEAR/MAKE/MODEL	
CITY, STATE, ZIP CODE	CONTACT		CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED
LENDER / INSTITUTION NAME(IF MORE THAN ONE)	PHONE ()	ACCOUNT NUMBER	BALANCE	YEAR/MAKE/MODEL	
CITY, STATE, ZIP CODE	CONTACT		CREDIT LIMIT	MONTHLY PAYMENT	DATE OPENED

OTHER CREDIT REFERENCES			
INSTITUTION NAME	CITY/STATE	ACCOUNT NUMBER	ACCOUNT TYPE