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TRUCK & TRAILER SALES

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CREDIT APPLICATION

LEGAL BUSINESS NAME	FEDERAL TAX I.D.#	P.O. BOX (IF APPLICABLE)
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BUSINESS (PHYSICAL) ADDRESS	CITY	COUNTY	STATE	ZIP
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TELEPHONE ()	FAX# ()	CONTACT	TITLE
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CHECK ONE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP (GEN. OR LTD.) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> L.L.C.	# OF TRUCKS IN FLEET	# OF EMPLOYEES	# OF YEARS AS OWNER OF BUSINESS	LAST YR.'S GROSS SALES \$	THIS YR.'S PROJECTED SALES \$	TOTAL MONTHLY TRUCK PAYMENTS \$
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NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU:	PHONE # ()
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~ NAME OF PRINCIPAL OWNERS OF BUSINESS ~

NAME OF OWNER	TITLE	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
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HOME ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	HOME PHONE ()
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NAME OF MORTGAGE HOLDER OR LANDLORD	PAYMENT \$	PHONE ()
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NAME OF OWNER	TITLE	% OF OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #
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HOME ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	HOME PHONE ()
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NAME OF MORTGAGE HOLDER OR LANDLORD	PAYMENT \$	PHONE ()
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~ BANK REFERENCES SHOULD ESTABLISH CREDIT HISTORY AND LONGEVITY IN BUSINESS ~

BANK	CITY	OFFICER	PHONE # ()
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CHECKING ACCOUNT NO. 1 #	CHECKING ACCOUNT NO. 2 #	SAVINGS ACCOUNT #
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LOAN/LEASE REFERENCE	ACCOUNT #	PHONE # ()	AMOUNT FINANCED \$
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LOAN/LEASE REFERENCE	ACCOUNT #	PHONE # ()	AMOUNT FINANCED \$
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INSURANCE COMPANY	AGENT	PHONE # ()	FAX # ()
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EQUIPMENT DESIRED (DESCRIPTION)	REASON FOR NEW TRUCK <input type="checkbox"/> UPGRADE/REPLACEMENT <input type="checkbox"/> ADDITIONAL TRUCK TO FLEET
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SIGNATURE _____	NAME (PLEASE PRINT) _____	TITLE _____	DATE _____
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SIGNATURE _____	NAME (PLEASE PRINT) _____	TITLE _____	DATE _____
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