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**INDIVIDUAL PURCHASER/LESSEE CREDIT APPLICATION**

INDIVIDUAL                       PARTNERSHIP

DATE:    /    /

SALESPERSON:

NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ SSN: \_\_\_\_\_  
 CITY: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 YRS AT PRESENT ADDRESS \_\_\_\_\_  
 Home of Principal:     Own/Buying     Rent     Mobile Home     Live with Relatives

PREVIOUS ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ YRS AT PREVIOUS ADDRESS: \_\_\_\_\_

**SPOUSE/CO-BUYER/PARTNER INFORMATION**  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_  
 TIME ON JOB: \_\_\_\_\_ YEARS    \_\_\_\_\_ MONTHS    ANNUAL INCOME: \_\_\_\_\_

<b>TRUCKS TO BE OPERATED FOR:</b>	ANNUAL INC. \$	PREV. YR. INCOME: \$
CONTACT PERSON: _____	PHONE: (    ) _____	
EMPLOYED SINCE: _____	TOTAL YRS IN TRUCKING: _____	# OF TRUCKS OWNED/LEASED: _____
TYPE OF USE: _____		
COMMERCIAL DRIVER'S LICENSE # (STATE) _____ EXPIRES: _____		

CURRENT AND PREVIOUS EMPLOYMENT OR HAUL SOURCE INFO IF O/O HAS OWN AUTHORITY				
COMPANY	POSITION	CONTACT	TELEPHONE #	LENGTH OF EMPLOYMENT

FINANCIAL INFORMATION: Bank-Checking/Savings Accounts Only				
Bank Name	Contact	Phone (    )	City, State	Complete Account #
		(    )		
		(    )		

HEAVY EQUIPMENT FINANCING AND LEASING REFERENCES: (Paid or Open Accounts)				
Bank Name	Contact	Phone (    )	City, State	Complete Account #
		(    )		
		(    )		
		(    )		
		(    )		

Prior Bankruptcy:             Yes             No

For the purpose of securing credit from you, I/we certify that the above information is true and complete to the best of my/our knowledge. I/we authorize you and/or your assignees to check my/our credit and employment history and to provide and/or obtain information about credit experience with me/us.

\_\_\_\_\_  
 Signature of Guarantor  
 \_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Signature of Guarantor  
 \_\_\_\_\_  
 Print Name and Title