



Dealership: _____
 Salesman: _____
 Equipment: _____
 Date: _____

COMMERCIAL CREDIT APPLICATION

Fax Number: (417) 865-9898

APPLICATION FOR: Individual Business

PERSONAL INFORMATION			
NAME: FIRST		MIDDLE INITIAL	LAST
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	NO. OF DEPENDENTS
ADDRESS:		MARITAL STATUS: <input type="checkbox"/> Unmarried (single, widowed, divorced) <input type="checkbox"/> Married <input type="checkbox"/> Separated	
CITY, STATE, ZIP:		HOME PHONE NUMBER:	CELL PHONE NUMBER:
EMAIL ADDRESS(S)		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please attach work visa or green card.	
FORMER ADDRESSES (5 YEAR MINIMUM):		CITY, STATE, ZIP:	HOW LONG?
CO-APPLICANT'S NAME (FIRST, M.I., LAST):		DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
CO-APPLICANT'S EMPLOYER:		POSITION(S) HELD:	HOW LONG?

BUSINESS INFORMATION			
BUSINESS NAME:	DBA:	ICC/MC#:	BUSINESS TAX I.D. NUMBER:
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE):			BUSINESS PHONE NUMBER:
TYPE OF HAUL: <input type="checkbox"/> Tank <input type="checkbox"/> Food <input type="checkbox"/> Reefer <input type="checkbox"/> Dry Goods <input type="checkbox"/> Waste <input type="checkbox"/> Hazardous <input type="checkbox"/> Construction <input type="checkbox"/> Other:			
AREA OF OPERATION: <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> Local <input type="checkbox"/> States: <input type="checkbox"/> Haul Outside U.S.			

EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)			
NAME AND ADDRESS OF COMPANY:	PHONE NO:	POSITION(S) HELD:	HOW LONG?
1.			
2.			
3.			
NEAREST RELATIVE NOT LIVING WITH YOU:		ADDRESS:	RELATIONSHIP:
SPOUSE:			
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below	
		HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below	
EXPLANATION:			

TRUCK USAGE			
HOW LONG AS OWNER/OPERATOR:	OPERATOR LICENSE NUMBER:	STATE: DATE:	PURCHASER TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, PROVIDE INFORMATION BELOW OF PERSON WHO WILL DRIVE TRUCK.
DRIVER'S NAME (FIRST, M.I., LAST):		ADDRESS:	
YEARS OF DRIVING EXPERIENCE:	OPERATOR LICENSE NUMBER:	STATE: DATE:	SOCIAL SECURITY NUMBER:
TRUCK TO WORK FOR – COMPANY NAME:		ADDRESS:	PHONE NUMBER:
IF TRUCKING – BETWEEN WHAT POINTS:		OFF HWY USE: <input type="checkbox"/> Yes <input type="checkbox"/> NO	AVE MILEAGE PER MONTH

