

Owner Operator Credit Application

Salesperson's Name:		Phone:			
Dealer Name:		Dealer Phone:		Dealer Fax:	
<input type="checkbox"/> 1 st Time Buyer/Applicant <input type="checkbox"/> Previous Finance Experience		Existing Equipment (# of units)		Trucks: Tractors: Trailers:	
APPLICANT LEGAL NAME (Business or Individual)		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Social Security Number or Federal ID#	
Date of Birth (if Individual Applicant):		Primary Phone Number		Cell Phone Number	
Fax Number		E-Mail Address		Present Physical/Mailing Address	
City		County		State	
Zip		How Long at Present Address? Years: Months:		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives	
Monthly Payment:		Previous Address (If less than 2 years)			
IF BUSINESS APPLICANT:					
DBA Name		State of Organization/Incorporation		Year of Organization/Incorporation	
Principal Owner		% Owned		Title	
CO-APPLICANT/GUARANTOR LEGAL NAME (Business or Individual)		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		Social Security Number or Federal ID#	
Date of Birth (if Individual)		Primary Phone Number		Cell Phone Number	
Fax Number		E-Mail Address		Present Physical/Mailing Address	
City		County		State	
Zip		How Long at Present Address? Years: Months:		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives	
Monthly Payment		Previous Address (If less than 2 years)			
IF BUSINESS CO-APPLICANT:					
DBA Name		State of Organization/Incorporation		Year of Organization/Incorporation	
Principal Owner		% Owned		Title	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH APPLICANT/CO-APPLICANT					
Name					
Address		City		State	
Zip		Phone		Name	
Address		City		State	
Zip		Phone		Name	
CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CO-APPLICANT					
Total Years of Driving Experience		Years as Owner Operator		Years as Company Driver	
Name		City		State	
Phone		Contact		Years at Current Employer	
Months		Income		<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other	
Other Annual Income <i>Applicant/Co-Applicant need not reveal alimony, child support, or separate maintenance income if he/she does not wish it considered as a basis for repayment of the obligation.</i>		Products Hauled		Source	
Amount		FUTURE EMPLOYMENT OF APPLICANT/CO-APPLICANT		Name	
City/State		Phone Number		Contact	
Monthly Miles		Monthly Revenue		Paid /mile % of Gross	
Products to be Hauled		Commercial DL#		State	
PREVIOUS EMPLOYERS OF APPLICANT/CO-APPLICANT					
Name		City		State	
Phone Number & Contact Name		How Long? years months		Name	
City		State		Phone Number & Contact Name	
How Long? years months		Name		City	
State		Phone Number & Contact Name		How Long? years months	
Trucks/Trailers Owned Description of Collateral		Lending Institution		City/State	
Phone #		Account #			

