

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
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	Lending Institution	City/State	Phone #
Description of Collateral			Account #

