

### GENERAL

NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS		HOME NUMBER	CELL NUMBER
CITY, STATE, ZIP CODE	<input type="radio"/> OWN <input type="radio"/> RENT _____ YEARS	MORTGAGE BALANCE	ORIGINAL COST
FORMER ADDRESSES (FIVE YEAR MINIMUM)		CITY, STATE, ZIP CODE	HOW LONG IN THE AREA _____ YEARS
SPOUSE'S NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER	PHONE NUMBER	POSITION(S) HELD	_____ YEARS
BUSINESS NAME OR NAME TO APPEAR ON TITLE		DATE INCORPORATED	BUSINESS TAX ID NUMBER
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)			BUSINESS PHONE NUMBER
NEAREST RELATIVES NOT LIVING WITH YOU		ADDRESS	RELATIONSHIP
SELF			
SPOUSE			
HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="radio"/> NO <input type="radio"/> YES - PLEASE EXPLAIN BELOW		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="radio"/> NO <input type="radio"/> YES - PLEASE EXPLAIN BELOW	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="radio"/> NO <input type="radio"/> YES - PLEASE EXPLAIN BELOW
EXPLANATION			

### TRUCK

DATE OF PURCHASE	YEAR	MAKE	MODEL	MILEAGE	TRUCK VIN #
FORM OF PAYMENT <input type="radio"/> CASH <input type="radio"/> FINANCED & PAID OFF	INSURANCE COMPANY		ADDRESS WHERE TRUCK IS PARKED		
ENGINE MANUFACTURE	LAST OVERHAULED	LAST INSPECTION DATE	<input type="radio"/> CAB OVER <input type="radio"/> CONVENTIONAL	<input type="radio"/> 2 AXEL <input type="radio"/> 3 AXEL	
TRANSMISSION SPEED	LAST OVERHAULED	EXCELLENT	GOOD	FAIR	POOR
		TIRES <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		BRAKES <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TRUCK TITLE IN YOUR <input type="radio"/> NAME <input type="radio"/> CORPORATE NAME <input type="radio"/> BUSINESS/DBA NAME	CALIFORNIA TITLE <input type="radio"/> YES <input type="radio"/> NO	CALIFORNIA REGISTRATION <input type="radio"/> YES <input type="radio"/> NO			
ARE YOU LICENSED IN CALIFORNIA TO DRIVE A COMMERCIAL TRUCK? <input type="radio"/> YES <input type="radio"/> NO		FOR HOW LONG NOW?			

### TRUCK USAGE

HOW LONG AS OWNER/OPERATOR? _____ YEARS	YEARS OF EXPERIENCE _____ YEARS	NUMBER OF POWER UNITS	NUMBER OF TRAILERS
TRUCK TO WORK FOR (COMPANY NAME)	ADDRESS	CONTACT PERSON	NUMBER
PRODUCTS HAULED	OFF HIGHWAY USE <input type="radio"/> YES <input type="radio"/> NO	AVERAGE MILEAGE PER MONTH	

EMPLOYMENT HISTORY FOR PAST FIVE YEARS (PRESENT OR LAST EMPLOYER FIRST)					
	NAME AND ADDRESS OF COMPANY	CONTACT PERSON/SUPERVISOR	PHONE NUMBER	POSITION/S HELD	HOW LONG?
1					
2					
3					
4					

INCOME STATEMENT					
TIME PERIOD		GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS / EXPENSES	OPERATING PROFIT
FROM	TO				
		+	-	=	

CREDIT REFERENCES (List Credit References on Paid Accounts)							
	Name	City	State	Phone Number	Contact / Person	Account #	Highest owing
1							
2							
3							
4							
5							
BANK REFERENCE: NAME			CITY / STATE	PHONE NUMBER	ACCOUNT OR CONTRACTNUMBER		

REASON FOR LOAN	REQUESTED AMOUNT
     	<input style="width: 100%; height: 20px;" type="text"/>

THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL.

THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK(S), TRADE AND / OR OTHER CREDIT REFERENCES TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOUR COMPANY.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
DEALER OR SALESMAN

\_\_\_\_\_  
CUSTOMER SIGNATURE, TITLE

RATIONALE FOR CREDIT DECISION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_