



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

COMMERCIAL CREDIT APPLICATION

Fax Number: (417) 865-9898

APPLICATION FOR: Individual Business

PERSONAL INFORMATION

NAME: FIRST		MIDDLE INITIAL		LAST		DATE OF APPLICATION	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		MARITAL STATUS:		NO. OF DEPENDENTS	
		<input type="checkbox"/> Unmarried (single, widowed, divorced)		<input type="checkbox"/> Married		<input type="checkbox"/> Separated	
ADDRESS:				HOME PHONE NUMBER:		CELL PHONE NUMBER:	
CITY, STATE, ZIP:				HOW LONG AT THIS ADDRESS?		HOW LONG IN AREA?	
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: _____
 SELF: _____

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		

