

Credit Application

Please fax completed Credit Application to our Finance Department at: (757) 465-2211

Customer Info		Start-up	Individu	ual 🗌	Partn	ership	Prop	rietorship	· 🗆	Corpo	oration [Limite	ed Liabili	ty Compar	ny			
Purchaser:											SS N	0.						
Date of Birth:		Age:		Drivers Licenses. No.							State:							
Annual Income:			Time	Time on Job:		Years			Mont	hs	Pho							
Spouse:											SS N	0.						
Date of Birth:			Age:		Empl	oyer:												
Annual Income:			Time	e on Job:			Years		Month	าร		Phone:						
Present Address:										Н	ow long:		Years		Months			
City:							State:		e:				Zip:					
Phone Bus.:			Re	esidence:					Fax:					Cell:				
Previous Address:												Н	ow long:		Years		Months	
City:											Stat	e:			•	Zip:		
Home of Principal:	Own/Bu	ying	Renting	Mobi	le Home	• 🗌	Live with I	Relative	s									
Mortgage Co.:								A	Account N	No.				Phon	e No.:			
Bankruptcy with in 10 years	Yes	No	If yes, ex	xplain:				·		·								
Any items repossessed or foreclosures?	Yes	No	If yes, ex	xplain:														
Employment Information: Total years in Trucking:																		
Who will you be hauling for:									Contac	t:				F	Phone:			
Present:								Contac	t:				F	hone:				
Employed:	Ye	Year Months Type of Contract: Wr						Writte	n 🔲	Oral								
Previous-1								Contac	t:				F	Phone:				
Employed:	Year Months Type of Contract: Wr						Writte	n 🗌	Oral									
Previous-2:									Contac	t:				F	Phone:			
Employed:	Ye	ar	М	onths	Type of	Contra	ct:	Writte	n 🗌	Oral								
Company Profile:																		
Company Name / and or DBA:																		
Address:									Federal	Tax II	D #:							
City:									State:						Zip:			
County:									Phone:					Fax:				
Years In Business:		Years of Incorporation: State of Incorporation:						tion:										
Fleet size:	No. of Tractors:								Descr	iption:								
	No. Of																	
	Trailers:								Descr	iption:								

Banl	k Referen	ces:					_					
	Bank Name:					Contact:				Phone:		
Ac	count Name:				Accou	ınt Number:		Ту	pe:	Che	cking	Saving
	Bank Name:					Contact:				Phone:		
Ac	count Name:				Accou	ınt Number:		Ту	pe: [Che	cking	Saving
Equi	ipment Fir	nance/Leasing Company	Refere	nces (C	Compa	rable Cı	edit)					
	Name:				Accou	ınt Number:			Туре):	Loan	Lease
	Contact:		Phone:				Equipment Type:					
	Name:				Accou	ınt Number:			Туре	e:	Loan	Lease
	Contact:		Phone:				Equipment Type:					
	Name:				Accou	ınt Number:			Туре):	Loan	Lease
	Contact:		Phone:				Equipment Type:					
Trad	le Referen	ces (Fuel, Oil, Parts, Tire	es)									
	Name:				Accou	ınt Number:						
	Contact:				Pho	ne:		Products	:			
	Name:				Ассоц	ınt Number:						
	Contact:					Phone: P			roducts:			
	Name:				Accou	ınt Number:						
Contact:					Pho	ne:		Products	oducts:			
Haul	ling Refer	ences										
	Name						Contact		Pl	Phone		Years
1												
2												
3												
4												
Fina	ncial com	panies can require the f	ollowing	g additi	ional ir	nformati	on to complete t	he appr	oval p	roce	ss:	
1	•	omparable credit reference or in										
		of Bank Statements (Checking ac			name, p	ersonal na	me, and type of saving	g add stren	gth).			
Copy of Income Tax Returns (Most current year 2 years) Tax lions or judgments should be paid or satisfied. (Proof may be required).												
	 Tax liens or judgments should be paid or satisfied. (Proof may be required) Bankruptcy: Established new credit with no derogatory since the bankruptcy and a period of time has passed as determined by the Financial 											
é	Company. 6. Past truck experience and hauling reference is important. If you have any agreements please attached to this report.											
			•		•		•			om and	l disclo	se to other
perso	The information given on this application is true and complete. East Coast Truck & Trailer Sales or our Agents may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Application authorizes any person to											
releas	release to East Coast Truck & Trailer Sales or their Agents, credit experience and account information on Application. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Application made by East Coast Truck & Trailer Sales											
or the	ir Agents, or	any person requested to release	e such info	ormation t	to East 0	Coast Truc	k & Trailer Sales or th	eir Agents	. A cre	edit rep	ort was	s requested
		t was requested in connection w port was requested and if such										
	hed the repor				,		, is a second and				9	J)at
Ву:						Ву:						
	A	oplicant Signature and Title		Da	nte		Joint Applicant Sig	nature and	Title			Date

Purchaser's F	inancial and Current	Credit Stat	tement								
Assets (What Cash on Hand	is Owned)				Liabilities (What is Owed)						
Bank	City, State		Acct. No.	Value	Accounts Payable (Debt Such as Doctor, Fuel Bill, Credit Card, etc.)						
		Checking			Company		City, State	Acct. No.	Phone No.		
		Savings									
		Loan									
Account Receivable	e (From Whom Due):										
Real Estate (Descri	be):				Financed By:	City, State	Acct. No.	Contact Phone No.	Payment		
Truck Owned (Desc	oribo):										
Truck Owned (Desc	лье).										
Trailers Owned (De	scribe):										
Auto and Other Equ	ipment Owned (Describe):										
									_		
Other Assets (Desc	ribe):										
		Tota	al Assets \$					Total	Liabilities \$		

Page 3 ECTTS 05/01/00