

Credit **Application**

SALESMAN: _____
2906 ELMHURST LANE PORTSMOUTH, VA 23701
phone: (757) 465-2200

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

Customer Info	rmation:	□ s	tart-up	Individu	ual 🗌	Partne	rship _	Prop	rietorship		Corpo	ration	Limite	ed Liabili	ty Compar	ny	
Purchaser:											SS No).					
Date of Birth:			Age:		Drivers	License	es. No.					•	State:				
Annual Income:			Time	on Job:			Years		Mont	ths		Phone:		•			
Spouse:											SS No).					
Date of Birth:			Age:		Employ	yer:											
Annual Income:			Time	on Job:		,	Years		Month	ns	F	Phone:					
Present Address:												Н	ow long:		Years		Months
City:											State):				Zip:	
Phone Bus.:		Residence:							Fax:		•	•		Cell:		•	
Previous Address:											How long:				Years		Months
City:											State):			•	Zip:	
Home of Principal:	Own/Buyi	ng 🔲	Renting	Mobi	ile Home	Li	ve with I	Relative	s								
Mortgage Co.:								Д	ccount N	No.				Phon	e No.:		
Bankruptcy with in 10 years	Yes	No	If yes, ex	plain:										ı	· ·		
Any items repossessed or foreclosures?	Yes	No	If yes, ex	plain:													
Employment li	nformation	:	Total ye	ears in Tru	cking:												
Who will you be hauling for:									Contac	t:				Р	hone:		
Present:									Contac	t:	Phone:						
Employed:	Yea	ear Months Type of Contract: Writ							n 🔲	Oral							
Previous-1									Contac	t:				Р	hone:		
Employed:	Yea	Year Months Type of Contract: Wri						Writte	n 🔲	Oral							
Previous-2:	_								Contac	t:				Р	hone:		
Employed:	Yea	r	М	onths	Type of C	Contract	t: 🗌	Writte	n 🔲	Oral							
Company Prof	Company Profile:																
Company Name / and or DBA:																	
Address:									Federal	Tax II	O #:						
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:							

Ban	k Referen	ces:										
	Bank Name:					Con	ntact:				Phone:	
Α	ccount Name:				Accou	ınt Nun	nber:		T	уре:	Checking	g Saving
	Bank Name:					Con	ntact:				Phone:	
А	ccount Name:				Accou	ınt Nun	nber:		T	уре:	Checking	g Saving
Equ	ipment Fir	nance/Leasing Company	/ Refere	nces (C	ompa	rable	Cre	edit)				
	Name:				Accou	ınt Nun	nber:			T	ype: Loa	an Lease
	Contact:		Phone:					Equipment Type:				
	Name:				Accou	ınt Nun	nber:			Т	ype: Loa	an Lease
	Contact:		Phone:					Equipment Type:				
	Name:				Accou	ınt Nun	nber:			Т	ype: Loa	an Lease
	Contact:		Phone:					Equipment Type:				
Trac	de Referen	ces (Fuel, Oil, Parts, Tir	es)									
	Name:				Accou	ınt Nun	nber:					
	Contact:				Pho	ne:			Products	s:		
	Name:				Accou	ınt Nun	nber:					
	Contact:				Pho	ne:			Products	S:		
	Name:				Accou	ınt Nun	nber:					
	Contact:				Pho	ne:			Products	3:		
Hau	lling Refer	ences										
Name					C			Contact			Years	
1												
2												
3												
4												
Fina	ancial com	panies can require the f	ollowin	g additi	onal ir	nforn	natio	n to complete t	he appr	ova	l process:	
The in person relea author or the and in wheth	 Having comparable credit reference or installment references is important. Copies of Bank Statements (Checking account in Company name, personal name, and type of saving add strength). Copy of Income Tax Returns (Most current year 2 years) 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 Company. Past truck experience and hauling reference is important. If you have any agreements please attached to this report. 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 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 their Agents, or any person requested to release such information to East Coast Truck & Trailer Sales or their Agents. A credit report was requested and if such a report was requested. 											
Ву:						Ву:						
	Δι	onlicant Signature and Title		Da	te			Joint Applicant Sig	nnature and	Title		Date

Purchaser's Financial a	nd Current C	redit Stat	ement								
Assets (What is Owned Cash on Hand			Liabilities (What is Owed)								
	ity, 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 (From Whom	Due):										
Real Estate (Describe):					Financed By:	City, State	Acct. No.	Contact Phone No.	Payment		
Truck Owned (Describe):											
Trailers Owned (Describe):											
Auto and Other Equipment Owne	d (Describe):										
	- (=										
Other Assets (Describe):											
		Tota	al Assets \$					Total	Liabilities \$		
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