

CREDIT APPLICATION

Application for credit under: (Please check one.)

Individual Partnership Sole Proprietorship Corporation

Individual Information

Name _____ Social Security # / Tax ID _____
Personal Guarantor (if applicable) _____ Social Security # / Tax ID _____
Birth Date _____ Drivers License # _____ Issuing State _____
Address _____
City / State / Zip / County _____
Home Phone _____ Business Phone _____ Cell Phone _____
Spouse Name _____ Social Security # / Tax ID _____
Time-at-Address _____ Rent Own Mortgage _____

Employment Information

Employer Name _____ Phone _____
Contact Name _____ Position _____
Address _____
City / State / Zip _____
Monthly Income _____ Other Income _____ Time Employed _____
Former Employer _____
Total Time as Owner/Operator _____ Nature of Business _____
(Material Hauled, Construction, Over the Road)

Business / Corporate Information

Name of Company _____
Federal Tax ID # _____ State of Incorporation _____
Street Address _____
City / State / Zip _____ Phone _____
President _____ % of Ownership _____
Vice President _____ % of Ownership _____
Secretary _____ % of Ownership _____

Listing of Assets and/or Previous Commercial Credit

Name of Bank _____ City / State _____
Checking Balance _____ Savings Balance _____ Other _____
Real Estate (Describe) Financed By Value Balance Owing Monthly Pmt.

Fax to (817) 230-0100

Trucks / Trailers	Financed By	Value	Balance Owing	Monthly Pmt.

Autos or Other Equipment	Financed By	Value	Balance Owing	Monthly Pmt.

References

Business References

Name of Company	Contact	Phone Number

Nearest Relative Not Living With You

Name	Address	City / State / Zip	Phone

Personal Reference (Not a family member)

Name	Address	City / State / Zip	Phone

The information given on this application is true and complete. The lender may receive from and disclose to other persons, including credit-reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to the lender credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by the lender, or any person requested to release such information to the lender.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date

Fax to (817) 230-0100