

## Owner Operator Credit Application

Salesperson's Name:		Phone:	
Dealer Name:		Dealer Phone:	
		Dealer Fax:	
<input type="checkbox"/> 1 <sup>st</sup> Time Buyer/Applicant <input type="checkbox"/> Previous Finance Experience		Existing Equipment (# of units) Trucks: Tractors: Trailers:	
<b>APPLICANT LEGAL NAME (Business or Individual)</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Social Security Number or Federal ID#		Date of Birth (if Individual Applicant):	
Primary Phone Number	Cell Phone Number	Fax Number	E-Mail Address
Present Physical/Mailing Address	City	County	State Zip
How Long at Present Address? Years: Months:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment:
Previous Address (If less than 2 years)			
<b>IF BUSINESS APPLICANT:</b>			
DBA Name	State of Organization/Incorporation		Year of Organization/Incorporation
Principal Owner	% Owned	Title	
<b>CO-APPLICANT/GUARANTOR LEGAL NAME (Business or Individual)</b>		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Social Security Number or Federal ID#		Date of Birth (if Individual)	
Primary Phone Number	Cell Phone Number	Fax Number	E-Mail Address
Present Physical/Mailing Address	City	County	State Zip
How Long at Present Address? Years: Months:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment
Previous Address (If less than 2 years)			
<b>IF BUSINESS CO-APPLICANT:</b>			
DBA Name	State of Organization/Incorporation		Year of Organization/Incorporation
Principal Owner	% Owned	Title	
<b>NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH APPLICANT/CO-APPLICANT</b>			
Name			
Address	City	State	Zip Phone
Name			
Address	City	State	Zip Phone
<b>CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CO-APPLICANT</b>			
Total Years of Driving Experience	Years as Owner Operator		Years as Company Driver
Name	City	State	Phone
Contact	Years at Current Employer	Months	Income
<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		Other Annual Income <i>Applicant/Co-Applicant need not reveal alimony, child support, or separate maintenance income if he/she does not wish it considered as a basis for repayment of the obligation.</i>	
Products Hauled	Source	Amount	
<b>FUTURE EMPLOYMENT OF APPLICANT/CO-APPLICANT</b>			
Name	City/State		Phone Number
Contact	Monthly Miles	Monthly Revenue	Paid /mile % of Gross
Products to be Hauled	Commercial DL#		State
<b>PREVIOUS EMPLOYERS OF APPLICANT/CO-APPLICANT</b>			
Name	City	State	Phone Number & Contact Name
			How Long? years months
Name	City	State	Phone Number & Contact Name
			How Long? years months
Name	City	State	Phone Number & Contact Name
			How Long? years months
<b>Trucks/Trailers Owned</b>	<b>Lending Institution</b>	<b>City/State</b>	<b>Phone #</b>
<b>Description of Collateral</b>			<b>Account #</b>

