

Truck Finance of America

Your credit solution

Phone: (336) 314-9775 Fax: (704) 597-7936 Salesperson _____

INDIVIDUAL PURCHASER/LESSEE CREDIT APPLICATION

DATE: / / INDIVIDUAL PARTNERSHIP

NAME: _____	PHONE: () _____
ADDRESS: _____	SSN: _____
CITY: _____	D.O.B.: _____
STATE, ZIP: _____	COUNTY: _____
YRS AT PRESENT ADDRESS _____	
Home of Principal: <input type="checkbox"/> Own/Buying <input type="checkbox"/> Rent <input type="checkbox"/> Mobile Home <input type="checkbox"/> Live with Relatives	
PREVIOUS ADDRESS: _____	
CITY, STATE, ZIP: _____ YRS AT PREVIOUS ADDRESS: _____	

SPOUSE/CO-BUYER/PARTNER INFORMATION

NAME: _____ DATE OF BIRTH: _____ SSN _____

EMPLOYER: _____ PHONE: () _____

TIME ON JOB: _____ YEARS _____ MONTHS ANNUAL INCOME: _____

TRUCKS TO BE OPERATED FOR:	ANNUAL INC. \$	PREV. YR. INCOME: \$
CONTACT PERSON: _____	PHONE: () _____	
EMPLOYED SINCE: _____	TOTAL YRS IN TRUCKING: _____	# OF TRUCKS OWNED/LEASED: _____
TYPE OF USE: _____		
COMMERCIAL DRIVER'S LICENSE # (STATE) _____ EXPIRES: _____		

CURRENT AND PREVIOUS EMPLOYMENT OR HAUL SOURCE INFO IF O/O HAS OWN AUTHORITY

COMPANY	POSITION	CONTACT	TELEPHONE #	LENGTH OF EMPLOYMENT

FINANCIAL INFORMATION: Bank-Checking/Savings Accounts Only

Bank Name	Contact	Phone ()	City, State	Complete Account #
		()		
		()		

HEAVY EQUIPMENT FINANCING AND LEASING REFERENCES: (Paid or Open Accounts)

Bank Name	Contact	Phone ()	City, State	Complete Account #
		()		
		()		
		()		
		()		

Prior Bankruptcy: Yes No

For the purpose of securing credit from you, I/we certify that the above information is true and complete to the best of my/our knowledge. I/we authorize you and/or your assignees to check my/our credit and employment history and to provide and/or obtain information about credit experience with me/us.

Signature of Guarantor

Print Name and Title

Signature of Guarantor

Print Name and Title