

Credit Application

web address: _____
Salesman: _____

I. PERSONAL INFORMATION

NAME _____ S.S. # _____ D.O.B. _____ DRIVERS LIC # (State) _____

SPOUSE _____ S.S. # _____ D.O.B. _____ DRIVERS LIC # (State) _____

BUSI. PHONE# _____ FAX PHONE# _____ HOME PHONE# _____ MOBILE PHONE# _____

EMAIL ADDRESS: _____ WEB PAGE _____

COMPANY NAME _____ FED I.D. # _____ INC. IN WHAT STATE _____ DATE IN BUSINESS _____

TYPE OF COMPANY SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP L.L.C. OTHER _____

STREET ADDRESS _____
Street Name _____ City _____ State _____ Zip _____ County or Parish _____

MAILING ADDRESS _____
Street Name or P.O. Box # _____ City _____ State _____ Zip _____ County or Parish _____

TIME AT PRESENT ADDRESS ?? _____ OWN RENT _____ Mortgage Company or Landlord (Name & Address) _____

IF LESS THAN 3 YRS FORMER ADDRESS _____
Street Name _____ City _____ State _____ Zip _____ County or Parish _____

NEAREST RELATIVE NOT AT ABOVE ADDRESS _____

1. Name _____ Street Name _____ City _____ State _____ Phone Number _____ Relationship _____

2. Name _____ Street Name _____ City _____ State _____ Phone Number _____ Relationship _____

3. Name _____ Street Name _____ City _____ State _____ Phone Number _____ Relationship _____

BANK ACCOUNTS INFORMATION

1. Institution Name _____ City, State _____ Acct # _____ Value _____ Officer Name & Phone Number _____

2. Institution Name _____ City, State _____ Acct # _____ Value _____ Officer Name & Phone Number _____

HAVE YOU TAKEN BANKRUPTCY WITH IN THE PAST 10 YEARS ?? YES NO DO YOU HAVE ANY REPOSSESSIONS IN THE LAST 10 YEARS ?? YES NO

DO YOU HAVE ANY LEGAL JUDGEMENTS ?? YES NO Explanation: _____

DO YOU HAVE ANY TAX LIENS ?? YES NO _____

I. PERSONAL INFORMATION

II. WORK REF'S

WHERE IS YOUR TRUCK GOING TO LEASE ON TO ?? _____

Company Name _____ Contact Person _____ Phone # _____ How long have you been here ? _____

DESCRIBE COMMODITIES YOU PLAN TO HAUL _____ LENGTH OF TIME IN BUSINESS _____

PREVIOUS COMPANY OR BROKERS YOU HAVE WORK AT ?? (from newest to oldest)

1. Company Name _____ Contact Person _____ Phone # _____ How long were you here ? _____

2. Company Name _____ Contact Person _____ Phone # _____ How long were you here ? _____

3. Company Name _____ Contact Person _____ Phone # _____ How long were you here ? _____

II. WORK REF'S

III. CREDIT

TRUCKS & TRAILERS YOU OWN & WHERE THEY ARE FINANCED ?? (attach separate sheet if more space is needed)

YEAR	MAKE	FINANCED WHERE ??	ACCOUNT #	PHONE # (and person to contact about loan if available)

III. CREDIT

!!!!!! **EQUIPMENT TO BE PURCHASED** !!!!!!!

(DO NOT WRITE BELOW THIS, THIS WILL BE FILLED OUT BY YOUR SALESPERSON) !!!!!!!

ADDITIONAL REPLACEMENT

Equipment Cost:	F.E.T.:	Sales Tax:	Misc. Fees:	Total Cash Price:
_____	_____	_____	_____	_____
Trade-In:	Amount Owing:	Net Trade:	Cash Down	
_____	_____	_____	_____	
TOTAL DOWN PAYMENT:				_____
UNPAID CASH ADVANCE:				_____

By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or as personal guarantor of its obligations, provides written instruction to Superior Trailer Sales Company, or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such Authorization shall extend to obtaining a credit profile in considering the application of credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

X _____ Date _____ X _____ Date _____
Signature Co-Signature