

CREDIT APPLICATION

			BOI	RRO	WER COM	PAN	Y INFO	RM	ATION					
BORROWER'S COMPANY NAME														
COMPANY MAILING ADDRESS														
PHYSICAL ADDRESS EQUIP. LOCATION														
CITY STATE						ZII				ZIP				
BUSINESS PHONE HOME PH				PHONE					MOBILE PHONE					
OTHER PHONE/NEXTEL # FAX						EMAIL ADDRESS								
YEARS IN BUSINESS BUSINESS TYPE														
YEARS OF EXPERIENCE LIMITED/CORP PARTNERSHIP								PROPRIE	TORSHI	P FEDERAL ID	:			
		В	BORRO)WE	R / CO-BOF	RO	WER IN	IFOI	RMATI	ON				
BORROWER						CO-E	BORROWE	:R						
ADDRESS						ADDRESS								
CITY		STATE	ZIP			CITY					STATE	ZIP		
PHONE						PHONE								
SOCIAL SECURITY #						SOCIAL SECURITY #								
DATE OF BIRTH DI	RIVER LICENSE#					DATE OF BIRTH DRIVER LICENSE#								
Married? Yes No						Marı	ried?		Yes	No				
MORTGAGE INFORMATION														
How Long at present address? Ye	ars:	Month	is:			Do yo	u	Rent		Own your	home?			
Mortgage Company OR Landlord Name								Phone						
Value of Home: \$			Mortgag	je Bal	ance \$									
BAI	NK ACCOUN	TS (fo	r fast	er p	rocessing,	plea	se pro	vid	e 3 mo	nths bank	state	ments)		
BANK PHONE					ACCOUNT #				MONTHLY PAYMENT			TYPE		
													CHECKING SAVINGS	
													CHECKING	
													SAVINGS	
			CUR	REN	IT EMPLOY	MEN	IT INFO	ORN	IATION	<u>1</u>				
COMPANY NAME				PHONE			CONTACT					HOW LONG	i INCOME	
	, ,													
			FUT	UR	E EMPLOYN	ΛEΝ.	T INFO	RM	ATION					
COMPANY NAME CITY, STATE				PHONE			CONTACT			н		HOW LONG	INCON	MF
COMPANIE CIT, STATE			THORE			CONTINCT								
					PREVIOUS	FMI	PI OYFI	RS						
COMPANY NAME CITY, STATE				PHONE			CONTACT					HOW LONG	INCON	MF
CONTRACT IVALVIE CITT, STATE			FHONE			CONTACT					TIOW LONG	IIVCOI	nL	
				; EN	FRAI RIISI	NES	S OLIES	STIC	NS _					
Will this be your First Additional Replacement Unit How many persons do you currently employ?														
What products do you haul? Within what radiu							adius	do you ha	iul?					
How much money will this truck earn for you?														
Are you interested in possibly saving \$\$ on your commercial truck insurance? Yes No														

		GENER	AI RIICIN	IESS QUESTION	MC						
If required, coul	d any of your trucks be pledged		Yes	No							
If YES: YEAR:	MAKE:	MODE	-	TYPE							
Suppose 2 mon	ths from now your engine blew	v, how would you come up with	the necessary	/ funds to pay for rep	airs?						
Truck repair sho	p, name, location, phone numb	per, contact information:									
	anty remaining on this truck?		olease explain	•		(16					
Have any of the above individuals been involved in any bankruptcy proceedings either business or personal? Yes No (If yes, please explain below)											
Rate vour mecha	unical ability from 1 (being the le	east) to 5 (most experienced)									
Rate your mechanical ability from 1 (being the least) to 5 (most experienced) PRESENT NUMBER OF TRUCKS											
YEAR	MAKE	MODEL		FINANCED BY	ACCOL	INT #	PHONE #				
TEAN	WAKE	MODEL		TIVANCED DI	Accor		THORE #				
	1		ı		'		-				
	SUPPLIER REFER	ENCES (Places where y	you purcl	nase supplies,	tools, fuel, etc. f	or your bus	iness)				
	COMPANY	PHONE NUMBER		ACCOU	NT NUMBER		CONTACT NAME				
		RELATIVES (Please L	ist Two N	ot Living With	The Applicant)						
NAME		A	ADDRESS		PHONE N	UMBER	RELATIONSHIP				
			COMN	MENTS							
Customers Aut	horization For Release:										
The undersigne	d certifies that the above inform	mation given for credit purposes agency to investigate the referer	s is true and co	orrect. The undersign	ed also authorizes The F	airville Partnersh	ip and/or it's associates any				
		lit and financial information as p			r accompanying this app	nication as is nec	essary. The undersigned				
Ry signing helo	w Lauthoriza The Fairville Partr	nership to forward my contact in	oformation to	their marketing parts	ners who may contact r	ne regarding pro	ducts and services that may				
be of interest to	me in my business. I understa	ind that I am under no obligation	n to purchase	any such products or	r services and it will have	e no effect on the	e credit approval process.				
Such marketing	partners are independent bus	inesses and I agree that Fairville	Partnership s	hall have no liability	for any products or serv	ces provided to r	ne by such third parties.				
Applicant Sign	nature:				Date:						
Co-Applicant ((if applicable:				Date:						