

## Truckworx, Inc. CREDIT APPLICATION

### APPLICANT INFORMATION

**IF APPLICATION IS COMPLETED IN A BUSINESS NAME, PLEASE COMPLETE INFORMATION FOR ALL OWNERS**

First Name:		Middle Name:		Last Name:		Suffix: JR. <input type="checkbox"/> SR. <input type="checkbox"/>		Social Security #: - - -		
Fed Tax ID#: DBA <input type="checkbox"/> LLC <input type="checkbox"/> INC. <input type="checkbox"/>		Your Business Name (If Applicable):				% Ownership:		Date of Birth:		
Current Mailing Street Address:										
City:			State:		County:		ZIP Code:			
Physical Street Address (If Different from Mailing Address):										
City:			State:		County:		ZIP Code:			
Business Phone#:		Cell Phone #:		Fax Phone #:			Email Address:			
Do You Own Your Home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, How Long (Years):		Ever Filed Bankruptcy? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Explanation			Ever Had Repossession? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Explanation			Are You A Defendant in a Legal Action? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Attach Explanation		
Nearest Relative NOT Living With You:		Address:		City:	State:	County:	Zip:	Phone #:	Relationship:	

### EMPLOYMENT INFORMATION

First Time Operator? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Time with CDL? Years:      Months:		Time as Owner/Operator? Years:      Months:		Reason for Purchase? Additional Unit <input type="checkbox"/> Replacement Unit <input type="checkbox"/>			
Buyer to Drive? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Driver Info (If Other than Buyer): Name : Social Security # :				Type of Goods / Commodities Hauled?			
Driver's CDL #: CDL State:		Truck to be Registered in What State?			Truck to be Titled in Personal or Business Name?				
Where Will Truck Be Leased On:		Contact Person/Department at Your Lease:			Phone # for New or Current Lease:				
Current Employer / Haul Reference:		Haul Reference Phone #: Haul Reference Name:			How Long There?		Driver: <input type="checkbox"/> Owner Operator: <input type="checkbox"/>		
Previous Employer / Haul Reference:		Haul Reference Phone #: Haul Reference Name:			How Long There?		Driver: <input type="checkbox"/> Owner Operator: <input type="checkbox"/>		

### FINANCIAL INFORMATION

Do You Have Your Own Authority? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Insurance Agent Name:		Insurance Agent Phone #:		ICC Number:	
# of Trucks Owned? # of Trailers Owned?		Would You Like a Physical Damage Insurance Quote? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Would You Like a Liability Insurance Quote? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Current Truck Finance With: Account #:		Equipment (Year/Make/Model)			Finance Company Phone #:		Trade? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Primary Bank:		Primary Bank Phone #:		Primary Bank Contact Name:		Primary Bank Account Type:	
Other Bank:		Other Bank Phone #:		Other Bank Contact Name:		Other Bank Account Type:	
Other Lender: Account #:		Equipment (Year/Make/Model)			Finance Company Phone #:		Trade? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Lender: Account #:		Equipment (Year/Make/Model)			Finance Company Phone #:		Trade? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Other Lender: Account #:		Equipment (Year/Make/Model)			Finance Company Phone #:		Trade? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

By typing name below, the undersigned certifies that the information given above is true and complete and authorizes Truckworx, Inc., its subsidiaries, and their assigns or potential assigns, or any other lender that this application is submitted to, to investigate the above information and the undersigned's accounts and credit experience. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the undersigned by Truckworx, Inc., or any person requested to release such information to Truckworx, Inc. The undersigned has read and understood the Privacy Policy and the Disclaimer on the website this form was downloaded from.

X		X	
Applicant Signature:		Date:	
Co-Applicant Signature:		Date:	
What type of equipment are you inquiring about? New      Used		Unit # or type of truck?	
Co-Applicant Name:		Co-Applicant Social Security #: _____	