

Owner Operator Credit Application

<input type="checkbox"/> 1 st Time Buyer/Applicant		<input type="checkbox"/> Previous Finance Experience		Existing Equipment (# of units) Trucks: Tractors: Trailers:	
APPLICANT LEGAL NAME (Business or Individual)			<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)					
IF BUSINESS APPLICANT:					
DBA Name		State of Organization/Incorporation		Year of Organization/Incorporation	
Principal Owner		% Owned		Title	
CO-APPLICANT LEGAL NAME (Business or Individual)			<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 Co-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)					
IF BUSINESS CO-APPLICANT:					
DBA Name		State of Organization/Incorporation		Year of Organization/Incorporation	
Principal Owner		% Owned		Title	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH APPLICANT/CO-APPLICANT					
Name					
Address		City		State	
Zip		Phone			
Name					
Address		City		State	
Zip		Phone			
CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CO-APPLICANT					
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	
FUTURE EMPLOYMENT OF APPLICANT/CO-APPLICANT					
Name		City/State		Phone Number	
Contact		Monthly Miles		Monthly Revenue	
Paid		/mile		% of Gross	
Products to be Hauled		Commercial DL#		State	
PREVIOUS EMPLOYERS OF APPLICANT/CO-APPLICANT					
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	
Trucks/Trailers Owned		Lending Institution		City/State	
Description of Collateral				Phone #	
				Account #	

