

# Class 8 Truck Sales Credit Application

Date:	Dealership:	Contact:	Phone:
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## Your Personal Profile...

FULL NAME	OTHER NAMES IN WHICH CREDIT HAS BEEN GIVEN	AGE
STREET ADDRESS	CITY	STATE ZIP YRS. THERE NO. OF DEPENDENTS HOME PHONE
PREVIOUS ADDRESS	CITY	STATE ZIP YRS. THERE SOCIAL SECURITY NUMBER
PREVIOUS ADDRESS	CITY	STATE ZIP YRS. THERE SOCIAL SECURITY NUMBER
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> UNMARRIED INCLUDES SINGLE, DIVORCED, AND WIDOWED	NEAREST RELATIVE NOT LIVING WITH YOU RELATIONSHIP
RELATIVE'S ADDRESS	CITY	STATE ZIP PHONE
NOTIFY IN EMERGENCY (NOT A RELATIVE)	STREET ADDRESS	CITY STATE ZIP PHONE
TRUCK WILL BE LEASED ON WITH	YRS. THERE	STREET ADDRESS CITY STATE PHONE
LESSEE TO DRIVE <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DRIVER'S NAME	DRIVER'S ADDRESS	CITY STATE DR. LICENSE # SS#
PREVIOUS EMPLOYER	STREET ADDRESS	CITY STATE ZIP YRS. THERE POSITION
SOURCE OF YOUR OTHER INCOME		MONTHLY AMOUNT \$
CHECKING BANK	BRANCH ACCOUNT NO.	SAVINGS BANK BRANCH ACCOUNT NO.
YOUR COMPANY NAME:	COMP. ADDRESS	CITY STATE PHONE
IF INCORPORATED:	INC. IN WHAT STATE	DATE INCORPORATED
PRINCIPALS: NAME	TITLE	AGE %OWNED NAME TITLE AGE %OWNED

**IF INCORPORATED, YOU WILL NEED TO PROVIDE BOTH A PERSONAL & CORPORATE FINANCIAL STATEMENT**

## Your Spouse's Personal Profile...

SPOUSE'S NAME	OTHER NAMES IN WHICH CREDIT HAS BEEN GIVEN	SOCIAL SECURITY NUMBER	AGE
SPOUSE'S NEAREST RELATIVE	RELATIVE ADDRESS	CITY STATE ZIP	RELATIONSHIP
SPOUSE'S EMPLOYER	STREET ADDRESS	CITY STATE	ZIP
POSITION	YRS. THERE	BUSINESS PHONE	MONTHLY SALARY \$
PREVIOUS EMPLOYER	STREET ADDRESS	CITY STATE ZIP	YRS. THERE POSITION
SOURCE OF SPOUSE'S OTHER INCOME			MONTHLY SALARY \$

## EQUIPMENT

	YEAR	MAKE	MODEL	BODY (TYPE) DESCRIPTION	SERIAL NUMBER	TITLE	STATE
<input type="checkbox"/> New <input type="checkbox"/> Used							
<b>Specs:</b>	ENGINE	TRANSMISSION	REARS	SLEEPER	TRACTOR PKG.	OTHER	
TRADE-IN DESCRIPTION							
	YEAR	MAKE	MODEL	BODY (TYPE) DESCRIPTION	SERIAL NUMBER	TITLE	STATE
<input type="checkbox"/> Replacement: <input type="checkbox"/> Additional:							
<b>Specs:</b>	ENGINE	TRANSMISSION	REARS	SLEEPER	TRACTOR PKG.	OTHER	

Total Cash Price:	\$ _____
Trade-In:	\$ _____
Amount Owning:	\$ _____
Net Trade:	\$ _____
Cash Reduction:	\$ _____
Total Reduction of Cap Cost:	\$ _____
Net Cap Cost:	\$ _____

<b>INSURANCE PREMIUM</b>	
Credit Life	_____
Credit Disability	_____
Maturity (No. of Months)	_____
Number of Payments:	_____
Amount of Each Payment: \$	_____
Residual:	_____

# FINANCIAL AND CURRENT CREDIT STATEMENT

**(Include All Open Creditors)**

ASSETS (What Is Owned)

LIABILITIES (What Is Owed)

ASSETS (What Is Owned)			(Include All Open Creditors)					LIABILITIES (What Is Owed)			Amount Owing	
Cash On Hand				Accounts Payable (Debt Such As Doctor, Fuel Bill, VISA, etc.)								
Bank	City, State	Acct. No.		Company	City, State	Acct. No.	Phone No.					
	Check											
	Saving											
	Loan											
Accounts Receivable:									<b>Total Accounts Payable</b>	<b>\$</b>		
	(From Whom Due)										<b>Balance Owing</b>	
Real Estate (Describe):				Financed By:								
				Name	City, State	Acct. No.	Contact	Ph. No.	Payment			
Trucks Owned (Describe):												
Trailers Owned (Describe):												
Auto and Other Equipment Owned (Describe):												
Other Assets (Describe):												

**TOTAL ASSETS \$** \_\_\_\_\_

I Hereby Warrant The Truth And Accuracy Of The Above

By: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL LIABILITIES \$** \_\_\_\_\_

No  
 Taken Bankruptcy Within 10 Years?  Yes \_\_\_\_\_ Yr. \_\_\_\_\_ Any Items Repossessed?  No  Yes \_\_\_\_\_

**NET WORTH \$** \_\_\_\_\_