



# CREDIT APPLICATION

10703 Route 61 South • PO Box 693 • Dubuque, IA 52004-0693  
800-553-3642 • Fax 563-582-3828

Interested in: New Used Not Sure Salesperson you are working with \_\_\_\_\_

### Purchaser Present Information

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Drivers Lic. Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

At Current Address for \_\_\_\_Yr \_\_\_\_Mo Rent Own

Mortgagor or Landlord Name, Address and Phone:

Spouse Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### If a Corporation

N/A Partnership Sole Proprietership Corporation

Company Name \_\_\_\_\_ Date Incorporated \_\_\_\_\_ State \_\_\_\_\_

Principal Owner \_\_\_\_\_ Tax ID \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

### Nearest Relative (Not at the above address)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Trucking Experience

Materials Hauled \_\_\_\_\_

Radius \_\_\_\_\_ Income \_\_\_\_\_ # of Years in Trucking \_\_\_\_\_

# of Trucks Owned \_\_\_\_\_ # of Trailers Owned \_\_\_\_\_

### Employment (Last 5 Years)

#### Future Employer

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Current Employer

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Previous Employer

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Financial History**

Any Repossessions? Yes No If Yes, When? \_\_\_\_\_  
Bankruptcy? Yes No If Yes, When? \_\_\_\_\_

**Bank Reference and Contact Person**

**Checking and Savings**

Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Account#: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Loans**

Bank: \_\_\_\_\_ Location: \_\_\_\_\_ Account#: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**PRIMARY CREDIT REFERENCES**

# Installment Loans: Equipment, Trucks, Autos, Business Loans -No Credit Cards

***This area must be completed!***

**First Reference**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

**Second Reference**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

**Third Reference**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_

For the purposes of procuring and maintaining credit, the undersigned submits the foregoing statement and information, including any supplemental sheets, as being a true and correct statement of my/our financial condition on the date stated. The undersigned agrees to notify us immediately in writing of any unfavorable change in financial condition.

We hereby grant permission to all above creditors to release our account information. This shall be a continuing authorization for all present and future disclosures to account information and credit experience

**Signatures (Required)**

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

**Please complete and fax to 563-582-3828 or e-mail to dansargent@truckcountry.com**