

TRI-COUNTY TRUCK & EQUIPMENT CREDIT APPLICATION

FAX to: (954) 971-2415

Company Name:			Tax ID #:	Phone #:
Address:			Type of Entity (Proprietorship, Partnership, C-Corp, S-Corp)	
City:	St.:	Zip:	County:	Date of Incorporation and State:
Material Hauled:			Years in Business:	Present Mgmt in Place Since:
Description of Business:			Years of Industry Experience:	# of Employees:

Important! Include credit references from past and present Truck/Trailer leases/loans in the section below.

Lessor/Creditor	Phone #	Yr. Acct. Opened	Original Bal.	Current Bal.	Mo. Payment	Equipment/Collateral

Bank Name:	Yr. Acct. Opened:	Checking Account #:	Checking Account Balance:
Phone #:	Contact:	Line of Credit Limit:	Line of Credit Available:
Ever Been Bankrupt? Yes No	Ever Had a Repossession? Yes No	Are Any Taxes Past Due? Yes No	

REQUIRED FOR LEASING- Insurance Carrier:		Contact:	Phone #:
Majority Owner Name:		Percent Ownership:	Date of Birth:
Address:		Home Phone:	Social Security #:
City:	St.:	Zip:	Monthly Income:
Monthly Housing Payment:	Do You Own or Rent Current Residence?		Time at Curent Residence? (Yrs/Mos.)
Personal Net Worth (excluding value of business):		Name of Relative or acquaintance not residing with you:	
Relationship:		Telephone:	
Address:		City:	St. Zip:
Second Owner/Guarantor Name:		Social Security #:	Date of Birth:
Address:		City:	St. Zip:

The information given above is true and complete. Associates may receive from and disclose to other persons, including credit reporting agencies, information and credit experience on Applicant made by Associates, or any person requested to release such information to Associates. A credit report bearing on the credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living may be requested in connection with this application, Upon your request, Associates will advise you whether a credit report was requested and if such a report was requested, we will inform you of the name and address of the credit reporting agency that furnished the report.

By: _____ (Signature) By: _____ (Please Print Name) Date: _____

FOR DEALER USE ONLY							
Dealer: _____				Contact: _____			
Date/Time	Phone:	Fax #	Chassis Price:	Body Price:			
Qty	New/Used	Year	Make	Model	Description of Body & Attachments	Total Sales Price	Dealer Cost
Milage _____		Total Selling Price _____		Current Prime Rate: _____ %			
VIN # _____		Net Trade Ins: _____		Payment Factor: _____			
GVW: _____		Down Payment: _____		Finance/Lease Pmt.: _____			
Open End/Non-Maintenance Finance Lease		Admin. Fee: _____		Term: _____			
3-Party Conditional Sales Contract		Advance Rentals: _____		Residual/Balloon: _____			
Closed End Lease		Amt. Financed/Capcost: _____		Add/Replace Truck: _____			