



GORDON TRUCK CENTERS DEALER FAMILY

Attention: _____ **Individual Credit Application**

First Name: _____ Middle Name: _____ Last Name: _____

DOB: _____ SSN#: _____ EMAIL: _____

Drivers License # _____ CDL: Yes No State: _____

Home Phone: _____ Business: _____ Cell: _____

Current Address: _____
(City) (State) (Zip)

Years at Current Address? _____ Years _____ Months Rent Own

Who Is the Mortgage Company or Landlord? _____
(Name) (City)

Mailing Address: _____
(Address) (City) (State) (Zip)

Previous Address: _____
(Address) (City) (State) (Zip)

Cobuyer: _____ DOB: _____ SSN# _____

List Relatives or Friends Not Living With You:

#1 _____
(Name) (City/State) (Phone) (Relationship)

#2 _____
(Name) (City/State) (Phone) (Relationship)

Sales Tax Exempt: Yes Exemption #: _____ No Off Highway Use? Yes No

Who Will the Truck Haul For? _____
(Name) (City) (Phone / Contact)

How Long Have You Been An Owner / Operator? _____ Years _____ Months

How Many Years Commercial Driving Experience Do You Have? _____

Present And Past Employer For Last (5) Years.

Company: _____ Contact _____ Phone # _____

Address: _____ Position _____ How Long _____
(City) (State)

Company: _____ Contact _____ Phone # _____

Address: _____ Position _____ How Long _____
(City) (State)

Company: _____ Contact _____ Phone # _____

Address: _____ Position _____ How Long _____
(City) (State)

Have You Taken Bankruptcy Within The Last 10 Years? No Yes If Yes What Year? _____

Please Explain Circumstances:

Have You Had Any Items Repossessed? No Yes

If Yes, Please Explain:

Assets (What You Own)	Value	Liabilities (What You Owe)	Amount
		Bank Credit Cards: (Describe)	Owing
Cash On Hand / In Bank		Name: Account #:	
Name Of Bank		Name: Account #:	
Location & Account Number:		Name: Account #:	
		Name: Account #:	
Name Of Bank		Open Accounts: (Fuel, Tires, Service, Etc...)	
Location & Account Number:		Name: Account #:	
		Name: Account #:	
Accounts Receivable		Name: Account #:	
401K		Name: Account #:	
Pension Or Retirement Funds		Other Accounts & Charge Cards: (Stores, Etc...)	
Describe Fund:		Name: Account #:	
Other Funds Available		Name: Account #:	
Describe:		Name: Account #:	
Real Estate (Describe)		Mortgage Co. Address Account & Phone #	
Commercial Trucks Owned (Describe)		Lender Address Account & Phone #	
YR: Make: Mdl:			
YR: Make: Mdl:			
YR: Make: Mdl:			
(Attach Equipment List If Necessary)			
Commercial Trailers Owned (Describe)		Lender Address Account & Phone #	
YR: Make: Mdl:			
YR: Make: Mdl:			
YR: Make: Mdl:			
(Attach Equipment List If Necessary)			
Personal Auto / Boat / RV's / Etc.		Lender Address Account & Phone #	
YR: Make: Mdl:			
YR: Make: Mdl:			
YR: Make: Mdl:			
Other Assets:		Lender Address Account & Phone #	
Total Assets:		Net Worth:	Total Liabilities:

The information given above is true and complete. We authorize Gordon Truck Centers, Inc. and any lender to receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience. Applicant authorizes any person to release to any lender credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by any lender or any person requested to release such information to any lender.

Signed: _____ **Date:** _____ **Signed:** _____ **Date:** _____