



GORDON TRUCK CENTERS DEALER FAMILY

ATTENTION:

CREDIT APPLICATION

PLEASE PRINT OR TYPE

<b>• REQUIRED FIELDS</b>										
• DATE		• CUSTOMER NAME			MARITAL STATUS SINGLE MARRIED		• MC#		• IRP#	
• BUSINESS NAME				• SOCIAL SECURITY NUMBER			• DATE OF BIRTH		• # OF DEPENDENTS	
<b>COMPLETE THE FOLLOWING ONLY IF EQUIPMENT IS TO BE PURCHASED IN A BUSINESS NAME</b>										
• BUS. TYPE (S-CORP, C-CORP, LLC, DBA)		• INCORPORATION STATE		• INCORPORATION DATE		• FEDERAL TAX ID NUMBER		• NAME(S) OF SIGNER(S) FOR BUSINESS		
• APPLICANT'S STREET ADDRESS			• CITY, STATE, ZIP CODE			• COUNTY	• HOW LONG? YRS MO	• HOMEOWNER? YES NO	• MO. RENT/MTG PYMT	
• HOME PHONE		• WORK PHONE		• CELL		FAX		EMAIL		
• APPLICANT TO DRIVE THIS PURCHASE? YES NO		• APPLICANT FIRST TIME OWNER/OPERATOR? YES NO		• APPLICANT TRUCK DRIVING EXPERIENCE YRS MO			• APPLICANT OWNER/OPERATOR EXP YRS MO			
• APPLICANT COMMERCIAL DRIVER'S LICENSE				• ISSUE STATE/PROVENCE			• EXPIRATION DATE			
• STATE VEHICLE WILL BE TITLED		• FIRST TRUCK/TRAILER PURCHASE YES NO		• TYPE OF GOODS HAULED						
• HAVE YOU EVER TAKEN BANKRUPTCY YES NO Date: Chapter:		• ARE YOU A DEFENDANT IN ANY LEGAL ACTION? YES NO When?		• HAVE YOU EVER HAD ANY ITEM REPOSSESSED? YES NO When & What?						
• IF YOU ANSWERED YES (ABOVE) PLEASE EXPLAIN (ATTACH ADDITIONAL SHEET IF NECESSARY)										
• PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)				• CITY, STATE, ZIP CODE				• HOW LONG? YRS MO		
NEAREST RELATIVE NOT LIVING WITH YOU			RELATIONSHIP TO YOU			PHONE NUMBER				
NEAREST RELATIVE ADDRESS - STREET				CITY, STATE, ZIP CODE			COUNTRY			
<b>COMPLETE THE FOLLOWING SECTION IF THIS IS A JOINT APPLICATION</b>				GUARANTOR			CO-BUYER			
NAME				DOB	TELEPHONE		SSN			
STREET ADDRESS			CITY, STATE, ZIP			HOW LONG YRS MO		HOME OWNER YES NO		
<b>INSURANCE AGENT INFORMATION</b>										
• AGENCY NAME			• AGENT NAME		• TELEPHONE #		• FAX #	POLICY #		
<b>• BANK REFERENCES</b>										
• BANK NAME		PHONE	ACCOUNT NUMBER		BALANCE \$		ACCOUNT TYPE (CKG, SVG, ETC)			
CITY, STATE, ZIP CODE		CONTACT	CREDIT LIMIT \$		MONTHLY PAYMENT \$		DATE OPENED			
BANK NAME (IF MORE THAN ONE)		PHONE	ACCOUNT NUMBER		BALANCE \$		ACCOUNT TYPE (CKG, SVG, ETC)			
CITY, STATE, ZIP CODE		CONTACT	CREDIT LIMIT \$		MONTHLY PAYMENT \$		DATE OPENED			
<b>• EQUIPMENT CREDIT INFORMATION</b>										
* LENDER/INSTITUTION NAME			• PHONE		ACCOUNT NUMBER		CURRENT BALANCE \$	* YEAR/MAKE/MODEL		
CITY, STATE, ZIP CODE			CONTACT		OPENING BALANCE \$		MONTHLY PAYMENT \$	DATE OPENED		
LENDER/INSTITUTION NAME (IF MORE THAN ONE)			PHONE		ACCOUNT NUMBER		CURRENT BALANCE \$	YEAR/MAKE/MODEL		
CITY, STATE, ZIP CODE			CONTACT		OPENING BALANCE \$		MONTHLY PAYMENT \$	DATE OPENED		



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• INCOME SOURCE		• CONTACT NAME AT INCOME SOURCE		• PHONE		
GROSS MONTHLY INCOME \$	TOTAL MONTHLY REVENUE %	• TIME WITH INCOME SOURCE YEARS MONTHS		• TRUCK TO WORK FOR THIS INCOME SOURCE YES NO		
OFF HIGHWAY USE? YES NO	• COMMODITIES HAULED	MC#	• HAULED BETWEEN WHAT POINTS?			
STREET ADDRESS			CITY, STATE, ZIP CODE			
INCOME SOURCE (IF MORE THAN ONE)		CONTACT NAME AT INCOME SOURCE		PHONE		
GROSS MONTHLY INCOME \$	TOTAL MONTHLY REVENUE %	TIME WITH INCOME SOURCE YEARS MONTHS		TRUCK TO WORK FOR THIS INCOME SOURCE YES NO		
OFF HIGHWAY USE? YES NO	COMMODITIES HAULED	MC#	HAULED BETWEEN WHAT POINTS?			
STREET ADDRESS			CITY, STATE, ZIP CODE			
EQUIPMENT PURCHASE						
• IS THIS ADDITIONAL EQUIPMENT? YES NO		IF YES, JUSTIFY EXPANSION OF FLEET				
• NUMBER OF TRACTORS/TRUCKS BEFORE CURRENT PURCHASE						
# LEASED	# OWNED	# OWNER OPERATORS	TOTAL	AVERAGE AGE OF TRACTOR/TRUCK FLEET (YEARS)		
• NUMBER OF TRAILERS BEFORE CURRENT PURCHASE						
# LEASED	# OWNED	# OWNER OPERATORS	TOTAL	AVERAGE AGE OF TRAILER FLEET (YEARS)	BUSINESS TYPE? SEASONAL YEAR ROUND	
BALANCE SHEET (ATTACH ADDITIONAL SHEETS IF NECESSARY)						
• ASSETS (WHAT YOU OWN)		• CURRENT VALUE		• LIABILITIES (WHAT YOU OWE)		• AMOUNT OWING
• CASH ON HAND AND IN BANKS		\$		ACCOUNTS PAYABLE (CURRENT BILLS)		\$
• VEHICLES OWNED (DESCRIPTION)				LOANS ON VEHICLES LENDER NAME CITY/STATE PHONE		
1.	\$	1.				\$
2.	\$	2.				\$
3.	\$	3.				\$
REALESTATE OWNED				MORTGAGES ON REAL ESTATE MORTGAGE HOLDER CITY/STATE PHONE		
• PRIMARY RESIDENCE	\$	1.				\$
2.	\$	2.				\$
3.	\$	3.				\$
OTHER ASSETS (ITEMIZE)				OTHER DEBTS (ITEMIZE) CREDITOR NAME CITY/STATE PHONE ACCT		
1	\$	1.				\$
2.	\$	2.				\$
3.	\$	3.				\$
4.	\$	4.				\$
TOTAL ASSETS	\$	NET WORTH	\$	TOTAL LIABILITIES	\$	

The information given above is true and complete. We authorize any lender to receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and 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.

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE DATE SIGNATURE DATE