



CREDIT APPLICATION

BRANCH		SALESMAN		SALESMAN NO.	
PERSONAL INFORMATION					
FIRST NAME		M.I.	LAST NAME		DATE OF APPLICATION
SOCIAL SECURITY NO.		CDL NO.	DATE OF BIRTH	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED	NO. OF DEPENDENTS
ADDRESS				PHONE NO.	
CITY, STATE, ZIP CODE				HOW LONG AT THIS ADDRESS? YRS.	HOW LONG IN AREA? YRS.
<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGE COMPANY OR LANDLORD NAME			MORTGAGE OR LANDLORD PHONE NO.	
FORMER ADDRESS (IF LESS THAN FIVE YEARS). CITY, STATE, ZIP CODE					HOW LONG?
BUSINESS NAME FOR TITLING PURPOSES IF APPLICABLE (___ PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION)				BUSINESS TAX ID NO.	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)				BUSINESS PHONE NO.	
NEAREST RELATIVES NOT LIVING WITH YOU		ADDRESS	PHONE NO.	RELATIONSHIP	
SELF					
SELF					
SPOUSE					
SPOUSE					
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		ARE YOU SUBJECT TO ANY TAX LIENS? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW	
HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW					
EXPLANATIONS:					
COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE					
SPOUSE'S NAME (FIRST, M.I., LAST)			DATE OF BIRTH	SOCIAL SECURITY NO.	
SPOUSE'S EMPLOYER			POSITION HELD	HOW LONG?	
EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)					
1.NAME OF COMPANY		PHONE NO.	POSITION HELD	HOW LONG?	
2.NAME OF COMPANY		PHONE NO.	POSITION HELD	HOW LONG?	
3.NAME OF COMPANY		PHONE NO.	POSITION HELD	HOW LONG?	
TRUCK OWNERSHIP AND USAGE					
PREVIOUS TRUCK OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF FINANCED, NAME AND CITY OF LENDER (MOST RECENT)		PURCHASER TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW MANY? FINANCED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO COMPLETE SECTION BELOW ABOUT PERSON WHO WILL DRIVE			
TRUCK TO WORK FOR - COMPANY NAME, CITY AND STATE			CONTACT	PHONE NO.	
ADDITIONAL HAUL (IF APPLICABLE) - COMPANY NAME, CITY AND STATE			CONTACT	PHONE NO.	
DRIVER INFORMATION, IF DIFFERENT FROM APPLICANT					
DRIVER'S NAME (FIRST, M.I., LAST)		ADDRESS		CITY, STATE, ZIP CODE	
SOCIAL SECURITY NO.		PHONE NO.	CDL NO.	PREVIOUS EMPLOYER - NAME & PHONE NO.	

BALANCE SHEET

ASSETS (WHAT YOU OWN)		LIABILITIES (WHAT YOU OWE)	
CASH ON HAND & IN BANKS	\$	ACCOUNTS PAYABLE (INCLUDING CREDIT CARDS)	\$
ACCOUNTS RECEIVABLE	\$	LOANS ON TRUCKS & TRAILERS (OPEN OR PAID)	
TRUCKS & TRAILERS OWNED		LENDER	PHONE NO. ACCOUNT NO.
	\$		\$
	\$		\$
	\$		\$
	\$		\$
REAL ESTATE OWNED (LIST YOUR RESIDENCE FIRST, THEN OTHERS)		MORTGAGE ON REAL ESTATE OWNED	
	\$	LENDER	PHONE NO. ACCOUNT NO.
	\$		\$
	\$		\$
OTHER ASSETS (ITEMIZE)		OTHER DEBTS (ITEMIZE)	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

INCOME STATEMENT

TIME PERIOD: FROM-TO	GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS & EXPENSES	OPERATING PROFIT
		+	-	=

CREDIT REFERENCES:	CITY/STATE	ACCOUNT NO.	PHONE NO.
1			
2			
3			
4			

BANK ACCOUNT INFORMATION:	CITY/STATE	ACCOUNT NO.	PHONE NO.
1			
2			
3			

For the purposes of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in financial condition or the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement substantially correct. The undersigned hereby authorizes Seabrook Truck Center, Inc. and/or its agent to inquire into, request, and receive any information concerning my character, general reputation, personal characteristics, mode of living and all information from creditors which Seabrook Truck Center, Inc. and/or its agent deems relevant for granting and collection of the proposed borrowing. This authorization shall be effective from the date which this application is signed and is extinguished automatically upon payment of the present borrowing, if any is granted. Upon my written request, additional information as to scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of undersigned, nor any contemplated operator of any equipment proposed to be purchased, has any record or reputation of having violated any federal or state laws relating to liquor, narcotics, or contraband; and no such person has been convicted of any felony.

I understand that Seabrook Truck Center, Inc. and/or any Seller of motor vehicles, parts, or services to whom this application is presented, will be relying on the accuracy of the material set forth herein as a basis for extended any credit which I may receive.

Customer Name (Print) _____ Customer Name (Print) _____
 X _____ X _____
 Signature Date Signature Date