

Credit
Application

Fleet Trailer Sales
14506 El Camino Lane
Lenoir, TN 37771
865-988-7481 865-988-6289 - Fax

Date: _____

BUSINESS INFORMATION

Business Legal Name:			Date Established:			Federal ID Number:		
Business Mailing Street:		City:	County:	State:	Zip:	Type of Business:		
Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation		Business Phone Number:		Business Fax Number:		Mobile Number:		
Have you ever filed Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		State of Incorporation:		Year of Incorporation:		Business E-Mail:		
Have you ever had equipment repossessed? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PRINCIPAL INFORMATION (100% Ownership disclosure required.)

Name (First-Middle-Last):		Date of Birth:	Title:	% Ownership:	SSN:		
Present Address Street:			City:	State:	Zip:	Home Phone Number:	
Other Owner/Guarantor:	Title:	Address:			% Ownership:	SSN:	

HAULING INFORMATION

What is hauled?:		Where do you haul?:			
Who do you haul for?:		Contact:		Phone Number:	
Presently in your fleet: _____ # Trucks _____ # Trailers				State you will tag in:	

BANK/CHECKING INFORMATION (If checking acct. less than 2 years; provide previous acct. number/bank)

Bank:	Phone:	Acct #:	How Long	CK	SV
Bank:	Phone:	Acct #:	How Long	CK	SV

EQUIPMENT LOANS/LEASE (Open or Paid)

Company Name:	Contact:	Phone:	Equipment:
Company Name:	Contact:	Phone:	Equipment:

TRADE REFERENCES

Name	Phone:	Name:	Phone:
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EQUIPMENT INFORMATION

Equipment Description:		Equipment Cost:	
Location where equipment will be kept when not in use:			
Requested Term:	Insurance Company:	Policy Number:	Phone:

Applicant warrants all credit and financial information submitted to Fleet Trailer Sales (hereafter referred to as FTS) and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize FTS and/or its assignees to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

Signature Print Name Date

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