

CREDIT APPLICATION

NAME				SOCIAL SECURITY NUMBER		
DATE OF BIRTH			DRIVER'S LICENSE NUMBER			STATE
PHONE NUMBER				E-MAIL		
ADDRESS						
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?			MONTHLY RENT OR MORTGAGE PAYMENT		DO YOU OWN OR RENT?	
PREVIOUS ADDRESS (If less than 2 years at the address above)					HOW LONG?	
COMPANY HAI	ULING FOR			HOW LONG?	PHONE NUMBER	
PREVIOUS COM	MPANY HAUL	ED FOR		HOW LONG?	PHONE NUMBER	
REASON FOR L	EAVING PRE	VIOUS COMPANY				
MONTHLY CURRENT BANK'S N INCOME		S NAME		AMOUNT	AVAILABLE CASH	
CURRENT VEHICLE(S)	YEAR	MAKE & MODEL		MILEAGE	AMOUNT OWED	
	YEAR	MAKE & MODEL		MILEAGE	AMOUNT OWED	
HOW MANY A DO YOU CURR				NUMBER OF YEARS DRIVING EXPERIENCE?		
TYPE OF HAUL	ING AND RAI	DIUS OF OPERATION	S?			

	YES	NO		YES	NO
Will you be driving this vehicle?			Do you currently have any loans?		
Have you ever leased or owned a truck before?			Have you ever been involved in a lawsuit?		
If yes, did you pay it off?			Have you ever filed for bankruptcy?		
Do you currently have a CDL?			Has your driving license ever been revoked?		
Will you be team driving?			Have you ever had any tax liens?		
Have you ever had a repossession?			Are there any unsatisfied judgments against you?		

The undersigned individual who is either a principal, personal guarantor, or a sole proprietor of the credit application, recognizing that his/her credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the use of consumer credit report on the undersigned, periodically as needed from one or more consumer reporting agencies, as well as release and authorize use of all information necessary and appropriate for the purpose of granting credit and understand that false statements may subject you to criminal penalties. A copy of this release will act as the original. The undersigned acknowledges receipt of a copy of this application.

SIGNATURE:	DATE:

PERSONAL REFERENCES (family or friends)

Please make sure that you do not use the same address twice and no PO Box as the address

1.EMERGENCY CONTACT	2.
NAME:	NAME:
PHONE #:	PHONE #:
ADDRESS:	ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
3.	4.
NAME:	NAME:
PHONE #:	PHONE #:
ADDRESS:	ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
	. j
BUSINESS REFERENCES	
BUSINESS REFERENCES Please make sure that you list companies with whom you h	nave had a good payment history/standing
BUSINESS REFERENCES	
BUSINESS REFERENCES Please make sure that you list companies with whom you h	nave had a good payment history/standing
BUSINESS REFERENCES Please make sure that you list companies with whom you h 1.	ave had a good payment history/standing 2.
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you have the sure that you list the sure that you have the sure tha	ave had a good payment history/standing 2. COMPANY NAME:
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with the sure	contact person:
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list the sure that you list the sure that you list the sure that you have the sure that you list the sure that you have the su	cave had a good payment history/standing 2. COMPANY NAME: PHONE #:
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with the sure	contact person:
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with the sure that you list companies with whom you have the sure that you list companies with the sure that you list compan	2. COMPANY NAME: PHONE #: CONTACT PERSON: DRIVER INFORMATION (If APPLICABLE)
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with whom you have the sure that you list companies with the sure that you list compan	2. COMPANY NAME: PHONE #: CONTACT PERSON: DRIVER INFORMATION (If APPLICABLE) NAME:
BUSINESS REFERENCES Please make sure that you list companies with whom you have the sure that you list companies with the sure that you list companies with whom you have the sure that you list companies with the sure that you list compan	2. COMPANY NAME: PHONE #: CONTACT PERSON: DRIVER INFORMATION (If APPLICABLE) NAME: PHONE #: