



CREDIT APPLICATION

Quantity	Year	Manufacturer	Model & Make	Vehicle Price	Down Payment/Terms	<input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	<input type="checkbox"/> Lease <input type="checkbox"/> Loan
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APPLICANT

Company Name (Complete Legal Name) or Individual Name				Tax ID / Social Security #:		Birth Date:	
Street Address How Long?			Business Telephone		Home Telephone		Business Fax Number
City		State	Zip Code		Date Business Started	<input type="checkbox"/> Proprietorship <input type="checkbox"/> S-Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp.	
Any judgments or tax liens against the business or any owner now or in the past? ()Yes ()No. If yes, when? _____ Paid in full? ()Yes ()No							
Has the business, or any owner, ever had a vehicle repossessed? ()Yes ()No. If yes, when? _____							
Has the business, or any owner, ever filed bankruptcy? ()Yes ()No. If yes, when? _____							

CO-APPLICANTS / GUARANTORS / PRINCIPALS

Name (First, Middle, Last)				<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor	Tax ID/Soc.Sec.#:		Birth Date		Percent Owner:	
Street Address			City		State	Zip Code		Telephone		
Name (First, Middle, Last)				<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Guarantor	Tax ID/Soc.Sec.#:		Birth Date		Percent Owner:	
Street Address			City		State	Zip Code		Telephone		

FINANCIAL INFORMATION

ASSETS		LIABILITIES & NET WORTH			INCOME & EXPENSES	
Date of Information / /		Date of Information / /			From / / to / /	
Cash in Bank	\$	Accounts Payable	\$		Trucking Income	\$
Accounts Receivable	\$	Equipment Debt Financed at:	Monthly Payments	\$	+ Other Income	\$
Equipment Owned/Leased # Buses _____ # Vans _____	\$	Equipment Debt Financed at:	Monthly Payments	\$	- Interest Expense	\$
Other Equipment	\$	Equipment Debt Financed at:	Monthly Payments	\$	- Depreciation Expense	\$
Real Estate	\$	Other Liabilities	\$		- Lease Payments	\$
Other Assets	\$	TOTAL LIABILITIES	\$		- Other Operating Expense	\$
TOTAL ASSETS	\$	NET WORTH	\$		TAXABLE INCOME	\$
		TOTAL LIAB & NET WORTH	\$		Any Other Income & Source	

WHO LENDS YOU MONEY?

Name	City	State	Contact	Acct #	Telephone	Date Open	Balance
Name	City	State	Contact	Acct #	Telephone	Date Open	Balance

WHERE DO YOU BANK?

Name	City	State	Contact	Acct #	Telephone	Date Open	DDA Balance
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WHAT IS YOUR PRIMARY BUSINESS?

() Tours () Charter () Scheduled Service () Airport () School Bus () Ambulance () Other _____

HOW MANY VEHICLES ARE CURRENTLY IN YOUR FLEET?

() Coaches # _____ () Shuttle Buses # _____ () School Buses # _____ () Ambulances # _____ () Vans # _____ () Other # _____

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION GIVEN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES THE CREDITOR AND ITS ASSIGNS TO INVESTIGATE THE REFERENCES, STATEMENTS, AND/OR OTHER DATA LISTED OR ACCOMPANYING THE APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. BY SIGNATURE, THE INDIVIDUAL(S) LISTED BELOW ALSO AUTHORIZES(S) CREDITOR TO REQUEST ANY INDIVIDUAL CREDIT BUREAU REPORTS AS NECESSARY TO CHECK APPLICANT'S CREDIT. CREDIT APPLICATION MUST BE SIGNED BY OWNER, PARTNER, OR CORPORATE OFFICER.

Signature	Title	Date	Signature	Title	Date
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