



2047 Rigsby Ave. San Antonio, TX 78210  
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# CREDIT APPLICATION

**BUSINESS COMPLETE THIS SECTION**

Business Name		Fed. I.D. No.		Corp.. Part., Prop. (Circle One)	Yr. Started
Business Address			City	State	Zip
Business Checking			Bank Name	Acct. #	Phone
Last Vehicle			Company Name	Address	Monthly Payment \$
Financed <input type="checkbox"/> Leased <input type="checkbox"/>			Open <input type="checkbox"/> Closed <input type="checkbox"/>		
Major Trade Creditors		Company Name 1		Address	Yrs. Experience
2					
Parent Company (if any)		Address		City	State/Zip Code

Full Name		SS #	Birth Date	Driver's License #	Home Phone	
Home Address			City	State	Zip Code	Time At Address Yrs. Mos.
Banking		Bank Name	Address		Acct. #	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>						
Last Vehicle		Company Name		Address	Monthly Payment \$	
Financed <input type="checkbox"/> Leased <input type="checkbox"/>		Open <input type="checkbox"/> Closed <input type="checkbox"/>				
Additional Credit						
<u>Type of Credit</u>	<u>Name of Company</u>	<u>Name In Which Account Carried</u>	<u>Status</u>	<u>Balance</u>	<u>High</u>	<u>Monthly Payment or Date Closed</u>
_____	_____	_____	Open <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Open <input type="checkbox"/>	_____	_____	_____
_____	_____	_____	Open <input type="checkbox"/>	_____	_____	_____
Have you ever had any property repossessed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Do you have any law suits pending against you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you filed bankruptcy in the last 10 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Landlord or Mortgage Holder (Name and Address)		Own <input type="checkbox"/>	Other <input type="checkbox"/>	Market Value	Monthly Payment
		Rent <input type="checkbox"/>	Family <input type="checkbox"/>		
Employed By	Address		City	State/Zip Code	
Occupation	Business Phone & Contact		Times Employed	Total Gross Annual Income	
Past Employment For Five Years (Last Employer First)					
Name of Company: _____		Contact: _____		Phone No.: _____	
Address: _____		Position: _____		How Long: _____	
Name of Company: _____		Contact: _____		Phone No.: _____	
Address: _____		Position: _____		How Long: _____	
Name of Company: _____		Contact: _____		Phone No.: _____	
Address: _____		Position: _____		How Long: _____	
Nearest Relative or Friend Not Living With You – Include Phone #	Address		City	State/Zip Code	Relation
( )					
Nearest Relative or Friend Not Living With You – Include Phone #	Address		City	State/Zip Code	Relation
( )					
Nearest Relative or Friend Not Living With You – Include Phone #	Address		City	State/Zip Code	Relation
( )					



Other Real Estate Owned Description	Location	Deed or Contract	Cost	Present Value	Mortgage \$	Name on Title
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**THIS SECTION TO BE COMPLETED BY ALL APPLICANTS**

Nature of work in which vehicle will be used		Materials Hauled	Headquarters	City	State		
Holding contract	Name	Address	City	State/Zip Code	Verbal <input type="checkbox"/> Written <input type="checkbox"/>		
How long have you had contract?	Expires When?	Will it be renewed?	Monthly operating Income \$	Monthly operating expenses \$			
When is income received?	Monthly Income from other sources \$	Source of other income		Other monthly expenses \$			
Will you drive the vehicle?	If not, full name and address of driver						
Vehicle will be registered to:	Full Name	Address No. & Street		City	State/Zip Code		
Garaging address if different than above	Address No. & Street		City	State/Zip Code			
Will vehicle be used steadily throughout the year?	If not, give reason						
What other trucks do operate?	<u>Own</u>	<u>No. of units</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Lienholder</u>	<u>Monthly Installments</u>
<u>Lease</u>							

**EQUIPMENT PURCHASE**

New <input type="checkbox"/>	Year	Make	Model	Body (Type) Description	Serial Number	Title State
Used <input type="checkbox"/>						
Specs:	Engine	Transmission	Rears	Sleeper	Tractor Pkg.	Other
<b>TRADE-IN DESCRIPTION</b>						
Replacement <input type="checkbox"/>	Year	Make	Model	Body (Type) Description	Serial Number	Title State
Additional <input type="checkbox"/>						
Specs:	Engine	Transmission	Rears	Sleeper	Tractor Pkg.	Other

Total Cash Paid \_\_\_\_\_ \$ \_\_\_\_\_  
 Trade-In: \$ \_\_\_\_\_  
 Amount Owing: \$ \_\_\_\_\_  
 Net Trade: \$ \_\_\_\_\_  
 Cash Down Payment: \$ \_\_\_\_\_  
 Total Down Payment: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Unpaid Cash Advance: \$ \_\_\_\_\_

I certify that the information provided by me is correct. I also understand that you will be checking with credit reporting agencies. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

**APPLICANT SIGNS** \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL/  
 CO-APPLICANT SIGNS** \_\_\_\_\_

Date \_\_\_\_\_

Full Coverage Insurance is required for the full term of this installment contract. You may choose the person through which any of this insurance is obtained.

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