



Date:

Contact:

REFAX TO:

I. PERSONAL INFORMATION

Purchaser to Drive: Yes No If no, Driver's Name: Driver's S.S.#

Driver's License # Driver's D.O.B. Driver's Years of Experience

Purchaser's Full Name: D.O.B. Age

SS #: # of Dep. Purchaser's License # (State. Exp. Date):

Phone # - Business Phone # Residence

Spouse: D.O.B. Age Spouse SS#

Present Address:

Street City State Zip

How Long at Present Address? Yrs. Mos. Rent Own Mortgage payable to/or landlord (name and landlord)

Former Address

Street City State Zip

How Long at Former Address? Yrs. Mos. Tax ID Number

Corporation:

Company Name Incorporated in what State? Date Incorporated Date in Business

Principal:

Name Title Age % Owned Name Title Age % Owned

Nearest Relative Not at Above Address:

Name Street City State Phone # Relationship

Name Street City State Phone # Relationship

Name Street City State Phone # Relationship

Name Street City State Phone # Relationship

II. EMPLOYMENT

Present and Past Employment for five years (Current or Last Employer first) (If Self-Employed, List Three Major Hauls)

Future Employment/Haul Contact: Phone # :

Address Position: How Long:

Current Employment/Haul Contact: Phone # :

Address Position: How Long:

Previous Employment/Haul Contact: Phone # :

Address Position: How Long:

Previous Employment/Haul Contact: Phone # :

Address Position: How Long:

Describe Nature of Business:

(Materials to be Hauled - Between what Points - Construction, Over the Road, ICC permits)

Monthly Income: How long as an Owner Operator?

III. PURCHASER'S FINANCIAL AND CURRENT CREDIT STATEMENT

ASSETS (What is Owned)				LIABILITIES (What is Owed)					
Cash On Hand				Accounts Payable(Debt such as Service & Fuel Bill, VISA, Etc.)				Amount	
Bank	City, State	Acct.#	Value	Company	City, State	Acct.#	Phone #	Owing	
		Check							
		Savings							
Accounts Receivables _____				Total Accounts Payable				\$ -	
		(From Whom Due)							
Real Estate (Describe):				Financed By	City, State	Acct.#	Phone #	Payment	
								Balance	
								Owing	
Trucks Owned (Describe):									
Trailers Owned (Describe):									
Auto and Other Equipment Owned (Describe):									
Other Assets (Describe):									
Total Assets \$				\$ -	Total Liabilities \$				\$ -

IV. PAST CREDIT REFERENCES

Creditor (Name, City, State, Phone)	Contact	Acct.#	Collateral	Date Opened	High Bal.	Mo. Payment

Taken Bankruptcy Within 10 Years? Yes No _____ Year Any Items Repossessed? Yes No _____

Please attach a copy of the last 2 year tax returns and 3 months of bank statements

The Information given above is true and complete. TEC Equipment, Inc. may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and applicant authorizes any person to release to TEC Equipment, Inc. credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by TEC Equipment, Inc. or any person requested to release such information to TEC Equipment, Inc.

By _____ Date _____ By _____ Date _____
 Applicant Signature and Title Applicant Signature and Title