



SALESMAN:

American Truck Finance

Credit Application

BUSINESS INFORMATION

DATE ON APPLICATION:	CONTRACT TO BE IN BUSINESS NAME <input type="radio"/> YES <input type="radio"/> NO	BUSINESS NAME	BUSINESS TAX ID #
# OF YEARS IN BUSINESS _____	<input type="radio"/> DBA	<input type="radio"/> PARTNERSHIP	<input type="radio"/> 'S' CORPORATION
	<input type="radio"/> 'C' CORPORATION	<input type="radio"/> LLC	
ADDRESS	CITY STATE ZIP CODE	WORK NUMBER	FAX NUMBER

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
PHYSICAL ADDRESS	CITY, STATE, ZIP CODE	TIME AT ADDRESS YRS ___ MOS ___	<input type="radio"/> HOMEOWNER <input type="radio"/> RENTER PAYMENT AMOUNT \$ _____
PRIMARY PHONE	EMAIL ADDRESS	CDL NO.	YEARS DRIVING
			YEARS AS O/O
CURRENT EMPLOYER	<input type="radio"/> COMPANY DRIVER <input type="radio"/> OWNER OPERATOR	CONTACT NAME AND PHONE NUMBER	YEARS EMPLOYED
ARE YOU IN A FACTORING RELATIONSHIP? IF SO, WITH WHO? <input type="radio"/> NO <input type="radio"/> YES _____		CASH AVAILABLE FOR DOWN PAYMENT \$ _____	DESIRED MONTHLY PAYMENT AMOUNT \$ _____
ARE YOU A DEFENDANT IN ANY LEGAL ACTION <input type="radio"/> NO <input type="radio"/> YES		HAVE YOU EVER FILED BANKRUPTCY <input type="radio"/> NO <input type="radio"/> YES	HAVE YOU EVER HAD A REPOSSESSION <input type="radio"/> NO <input type="radio"/> YES

PRIOR TRUCK AND TRAILER PURCHASES

HAVE YOU EVER FINANCE A TRUCK/TRAILER <input type="radio"/> NO <input type="radio"/> YES - PLEASE LIST BELOW	IS THIS PURCHASE A: <input type="radio"/> REPLACEMENT <input type="radio"/> ADDITION	NUMBER OF TRUCKS CURRENTLY OWNED ___ CURRENTLY LEASED ___	NUMBER OF TRAILERS CURRENTLY OWNED ___ CURRENTLY LEASED ___
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER	DATE FINANCED
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER	DATE FINANCED

HAULING REFERENCE/MAJOR CUSTOMER

TRUCK TO WORK FOR (PRIMARY REVENUE SOURCE)	ADDRESS (INCLUDING CITY, STATE, ZIP)	NEW LEASE HOW LONG? YRS ___ MOS ___ <input type="radio"/> NO <input type="radio"/> YES
PHONE	CONTACT	MONTHLY GROSS INCOME
		COMMODITY HAULED
PURCHASER TO DRIVE? IF NO PROVIDE DRIVER INFO <input type="radio"/> NO <input type="radio"/> YES	DRIVERS NAME	ADDRESS (INCLUDING CITY STATE, ZIP)
		PHONE NUMBER

COMPLETE THE FOLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION

CO-BUYER NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	OCCUPATION
PHYSICAL ADDRESS	CITY, STATE, ZIPCODE	TIME AT ADDRESS YRS ___ MOS ___	PRIMARY PHONE
ARE YOU A DEFENDANT IN ANY LEGAL ACTION <input type="radio"/> NO <input type="radio"/> YES	HAVE YOU EVER FILED BAPUKRUPTCY <input type="radio"/> NO <input type="radio"/> YES	HAVE YOU EVER HAD A REPOSSESSION <input type="radio"/> NO <input type="radio"/> YES	

The foregoing application has been carefully read and is in all respects complete, accurate and truthful. I/we authorize and consent to American Truck Finance LLC and any financing sources it works with to obtain the appropriate information, including but not limited to credit bureau reporting agencies references, past credit history, employment history, and bank references to establish credit worthiness for financing purposes.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date