



office: 713-673-1757

fax: 713-673-1838

www.trucknation.com

finance dept: marylou@trucknation.com

APPLICANT INFORMATION **DATE**

First Name		Last Name		Current Steet Address		City	State	Zip
Drivers License # / State		Own	Parents	Social Security #		Date of Birth		Time @ current home
		Rent	Other					
Email:		Home Phone #		Cell Phone#		# of Dependants		Gross Monthly Income
								\$
Previous Address (if less than 5 years)			Street	City	State	Zip	Time @ previous home	

BUSINESS INFORMATION

Legal Name		DBA		Years in Business		Tax ID #	
Previous Truck Finance With:			Phone#	Contact		Number of Trucks Owned:	
						Number of Trailers Owned:	

CURRENT EMPLOYER INFORMATION

Applicant Current Employer		Business Address		City	State	Zip	
Work Phone #		Contact:		Time w/ Present Employer		Total CDL Exp	Owner Op. Exp.

PREVIOUS HAUL SOURCES

Company Name	Complete Address	Contact	Length	Phone #

TRUCK LEASE TO (INFO)

Company Name	Address	Contact	Phone #

PERSONAL QUESTIONS:

Tax Liens or Judgments:	Yes	No	Back Child Support:	Yes	No
Foreclosure or Repossession:	Yes	No	Bankruptcy:	Yes	No

Signatures: I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize **Trucknation** and its affiliates, successors, and assigns to check my credit and employment history and to answer questions others may ask you about my credit record with you.

I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature **Date**