PACKS TRUCK SALES
2868 Dayton Germantown Pike
Germantown, Oh. 45327
Ofc # 937-266-0029
Fax # 937-895-4044

CREDIT APPLICATION

DATE: _____

Business Legal Name:			Date Established:		Federal ID Number:
Business Mailing Street:	City:	County:	State:	Zip:	Type of Business:
Type of Ownership: Partnership LLC Proprietorship Corporation		Business Phone Number:	Business Fax Number:		Mobile Number:
Have you ever filed Bankruptcy? Yes No Have you ever had equipment repossessed? Yes No		State of Incorporation:	Year of Incorporation:	Business E-Mail:	

PRINCIPAL INFORMATION (100% Ownership disclosure required.)

Name (First-Middle-Last):	Date of Birth:	Title:	% Ownership:	SSN:
Present Address Street:	City:	State:	Zip:	Home Phone Number:
Other Owner/Guarantor:	Title:	Address:	% Ownership:	SSN:

HAULING INFORMATION

What is hauled?:	Where do you haul?:	
Who do you haul for?:	Contact:	Phone Number:
Presently in your fleet: _____ # Trucks _____ #Trailers		State you will tag in:

BANK/CHECKING INFORMATION (If checking acct. less than 2 years; provide previous acct. number/bank)

Bank:	Phone:	Acct #:	How Long	CK	SV
Bank:	Phone:	Acct #:	How Long	CK	SV

EQUIPMENT LOANS/LEASE (Open or Paid)

Company Name:	Contact:	Phone:	Equipment:
Company Name:	Contact:	Phone:	Equipment:

TRADE REFERENCES

Name	Phone:	Name:	Phone:

EQUIPMENT INFORMATION

Equipment Description (Year, Make and Model):	Sales Price:
Location where the equipment will be stored when not in use:	

Term Requested:	Insurance Agency:	Phone:

Applicant warrants all credit and financial information submitted to Packs Truck Sales and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize Packs Truck Sales and/or its assignees to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

Signature	Print Name	Date
Signature	Print Name	Date