



Truck Center of Fort Worth, Inc.
 2901 North Freeway
 Fort Worth, Texas 76106
 817-624-3181 800-709-3184 Fax 817-727-4429

NAME: _____ SPOUSE'S NAME: _____

COMPANY NAME: _____ TAX ID# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: () _____

BUSINESS PHONE: () _____

PREVIOUS ADDRESS: (If less than 5 years at current address) _____

OF YEARS: (At previous address) _____

SOCIAL SECURITY # (SELF): _____ (SPOUSE): _____

DATE OF BIRTH: (SELF): _____ (SPOUSE): _____

NEAREST RELATIVE (Not living with you): _____
(NAME, ADDRESS AND PHONE NUMBER)

NEAREST RELATIVE (Not living with you): _____
(NAME, ADDRESS AND PHONE NUMBER)

NEAREST RELATIVE (Not living with you): _____
(NAME, ADDRESS AND PHONE NUMBER)

CREDIT REFERENCES

	FINANCED WITH	CITY & STATE	PHONE NO.	ACCOUNT NO.
TRACTOR:				
TRAILER:				
OTHER:				

BANK: _____ CITY/STATE: _____ TELEPHONE: () _____

CONTACT: _____ ACCOUNT NUMBER: _____

HAUL INFORMATION

NO. OF YEARS AS AN OWNER/OPERATOR: _____ NO. OF YEARS AS A DRIVER ONLY: _____

NAME OF COMPANY	ADDRESS	CITY/STATE	PHONE NO.	CONTACT PERSON

IS THE EQUIPMENT BEING PURCHASED FROM A DEALER? _____ (IF YES, PLEASE COMPLETE BELOW)

DEALER NAME: _____ PHONE NO. () _____ SALESMAN: _____



Truck Center of Fort Worth, Inc.
 2901 North Freeway
 Fort Worth, Texas 76106
 817-624-3181 800-709-3184 Fax 817-727-4429

COLLATERAL: (FOR LOAN REQUESTED)

TRACTOR

YEAR _____ MAKE _____ BODY TYPE (CONV OR COE) _____ MODEL _____

ENGINE/SIZE		TRANSMISSION		JAKE BRAKE (YES OR NO)	
SIZE OF SLEEPER		AIR RIDE (YES OR NO)		AIR SLIDE 5 TH (YES OR NO)	
NO. OF ALUM. WHEELS		AIR CONDITIONING (YES OR NO)		POWER STEERING (YES OR NO)	
OWNER/OPERATOR PKG. (YES OR NO)		FULL AERO (YES OR NO)		AM/FM STEREO (YES OR NO)	

TRAILER

YEAR _____ MAKE _____ TYPE _____

REFRIGERATION UNIT: _____ MAKE: _____ TYPE: _____

OTHER ATTACHMENTS (Describe) _____

IS VEHICLE PRESENTLY FINANCED? _____ IF YES, WITH WHO? _____

PHONE NO. () _____

CURRENT INSURANCE CARRIER: _____

AGENTS NAME AND PHONE NUMBER: _____

SALES PRICE? _____

AMOUNT OF FINANCING REQUIRED? _____

BALANCE SHEET

ASSETS (WHAT YOU OWN)

LIABILITIES (WHAT YOU OWE)

CASH ON HAND & IN BANK		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE			
VEHICLES OWNED		LOANS ON VEHICLES	
		COMPANY CITY/STATE ACCT.#	
REAL ESTATE: OWN, RENT? MONTHLY PYMNT:		MORTGAGES ON REAL ESTATE	
		COMPANY CITY/STATE ACCT #	
OTHER ASSETS:		OTHER DEBTS:	
		TOTAL LIABILITIES:	
		NET WORTH:	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

The information given above is true and complete. Truck Center of Fort Worth, Inc. may receive from and disclose to other persons, including credit reporting agencies, information about the applicant's account and credit experience. Applicant authorizes any person to release to Truck Center of Fort Worth, 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 Truck Center of Fort Worth, Inc., or any person requested to release such information to Truck Center of Fort Worth, Inc..

By: _____ Date: _____ By: _____ Date: _____
 Applicants signature and title Co-applicants signature and title