

**BUSINESS CREDIT APPLICATION**

Fax back to 562-404-7450

Dealership: **Carmenita Truck Center**

Salesperson:

Date:

**NOTE: Partnerships, Corporations or LLCs complete this section.**

Corporations or Partnerships submit two year-end financial statements and most current balance sheet and profit/loss on business or current tax return.

Corporation: C  S  Non-Profit Organization  Partnership

Business Name	Trade Name/DBA	Tax ID Number
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Business Address

Street Address 1	Street Address 2	City	County	State	Zip Code
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Type of Business	State of Organization	Date Business Established
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Business Phone No.	Monthly Income (Gross Profit)	Email Address
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Principal Name (1)	Title	% Owned
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Principal Name (2)	Title	% Owned
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Principal Name (3)	Title	% Owned
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\* If more than three Principals, please attach separate sheet listing information.

**NOTE: Individual, Guarantor, Sole Proprietorship complete this section.**

Name (First, MI, Last, Generation)

Soc. Sec. No.	Date of Birth	Personal Email Address
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Other Name(s) under which applicant's credit references or history can be found

Present Address

Street Address 1	Street Address 2	City	County	State	Zip Code
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Billing Address (if different)

Street Address 1	Street Address 2	City	County	State	Zip Code
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Home Phone No.	Company Name	Company Phone No.
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Cell Phone No. ( )	Drivers License #	Drivers License State	Time on Job (years)
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Own Home Outright  Living with Relatives   
 Buying Home  Leasing/Renting  Lived There \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. Mo.Pmt \$ \_\_\_\_\_

Mortgage Holder/Landlord (Name & Address)	Banking Reference	Acct. No.
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Name and address of applicant's nearest relative not in household	Relationship	Home Phone
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Name and address of applicant's personal reference known over 1 year	Home Phone ( )
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*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	*Secondary Income	Source	Gross Monthly Income
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Previous Employer/Contractor (if less than 2 years)	Address	Phone ( )	How Long
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Number of trucks owned \_\_\_\_\_ Number of trailers owned \_\_\_\_\_ Previous truck financing with: \_\_\_\_\_

**Business Information: (Check each item that is most applicable to your employment / intended use of vehicle)**

Business     
  Agricultural     
  Hazardous     
  Local     
  Interstate  
 Intermediate

**List any Automotive Financing/Leasing Sources, Banking References and Lines of Credit**

Financial Institution	Address	Acct. No.	Unpaid Balance	Contact	Phone
No. Units	Year				

Dealer Information

Contact Name	Contact Phone No. 562-921-1411 / FAX: 562-404-7450	Dealer No. 47306
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Vehicle Information

Invoice Amount	Cash Price	Cash Down
Trade-in Amount	Amount Owed on Trade	Estimated Payment
New/Used	Vehicle Type	Make/Model
	Trade-in Description	Term

**California Disclosure**

Applicant, if married, may apply for a separate account.

**Maine Resident**

If your credit application is approved and you finance the purchase of your motor vehicle through Creditor, you will be required to insure the vehicle against loss or damage. Creditor requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Creditor will also require you to obtain liability insurance. You have the option to select an agent or broker of your choice, whether or not affiliated with Creditor. Obtaining insurance from a particular agent or broker does not affect credit decisions by Creditor, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

**Ohio Disclosure**

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**Rhode Island Resident**

A Credit Report may be requested in connection with this application for credit. Vehicle insurance may be obtained from a person of your choice.

**Tennessee Resident**

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

**Vermont Resident**

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. I authorize you to check my credit and employment history and to provide and/or obtain information about credit experience with me.

**Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Applicant Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_