Phone #: (336) 996-6060 Fax #: (336) 992-7808



## Truck & Trailer Centers

## **Credit Application**

Please check the type(s) of financing for which you are applying:			Truck Fin	ancing	TranS	Source Cr	edit Account	Leasing
TranSource Salesperson: TranSource Location:			Date (mm/dd/yy):					
Borrower Name (Company or Individual):			Primary Contac	ct for Borr	ower (If	f Compan	y):	
Borrower Address:			Federal Tax ID	or SS#	Pho	one #:		
City: State	: Zip:	County:	Date of Birth (if i	individual):	Mot	oile #:		
	1	2			I	Fax #:		
Name of Parent Company (if Sul	E-mail Address	s :	-					
Business Annual Revenue <\$1 Million \$1 Million - \$3 Million			Legal Entity T	ype:	Corporatio	on Se	ole Proprietorship	
\$3 Million - \$10 Million \$10	Million - \$50 Million	>\$50 Million	Partnership	LLC	LLP	S-Corp	Non-profit	Govt.
# Heavy Duty Trucks: # Medium Duty Trucks: # Trailers (In current fleet) # In current fleet) # Constant of the current fleet (In current fleet)		Date of Inc	corporation	n:	Stat	e of Incorpora	tion:	

Owner / Guarantor Name (if different):	SS# or Fed Tax ID: Date of Birth:
Address:	Percent Ownership: Home Phone #:
City: ST: Zip:	
2nd Guarantor Name (if applicable):	SS# or Fed Tax ID: Date of Birth:
Address:	Percent Ownership: Home Phone #:
City: ST: Zip:	

Lessor/Creditor Name	Phone #	Yr. Acct Opened	Original Bal.	Current Bal.	Monthly Pymt.	Collateral Financed (Make/Model)
			\$	\$	\$	
			\$	\$	\$	

Description of Business:	Years as Owner/Operator:
Years of Experience:	Number of Employees:

Materials Hauled:						
Years Worked:	Contact:	Phone#:				
Years Worked:	Contact:	Phone#:				
		Years Worked: Contact:   Years Worked: Contact:				

## For a TranSource Parts & Service or Leasing Account, please provide the following (in addition to information on page 1):

Trade Reference	Contact:	Credit Limit:	Phone #:	Fax #:	E-mail Address:
Trade Reference	Contact:	Credit Limit:	Phone #:	Fax #:	E-mail Address:
Trade Reference	Contact.	Crout Linit.		1 αλ π.	E-mail Address.
Trade Reference	Contact:	Credit Limit:	Phone #:	Fax #:	E-mail Address:
Trade Reference	Contact:	Credit Limit:	Phone #:	Fax #:	E-mail Address:
Trade Reference	Contact:	Credit Limit:	Phone #:	Fax #:	E-mail Address:

Minimum of 5 Trade References Required for TranSource Credit Account •

Please include trade references that are in a related/similar field as TranSource (Ex. Truck parts/service vendor, tire vendor, etc.)

Please include e-mails and/or fax numbers for quicker processing

Bank Name:		Phone#:		Bank Contact:		
Checking Account #:			Checking Balance: \$			
Line of Credit Limit: \$			Line of Credit Available: \$			
Ever Filed Bankruptcy?:	Yes	No	Had a Repossession?:	Yes No		
Are there any law suits pending?:	Yes	No	If Yes, explain:			
Are any Taxes Currently Past Due?:	Yes	No	If Yes, explain:			

Insurance Carrier:	Contact:	Phone#:
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The undersigned certifies that the information contained in this credit application is true and complete, and authorizes TranSource, Inc. to submit this application for consideration of the purchase of a vehicle or for an open account. TranSource, Inc.and/or its assigns may receive from and disclose to other persons, including credit-reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release credit experience and account information on the Applicant. This shall be continuing authorization for all present or future inquiries and disclosures of account information and credit experience on the Applicant made by TranSource, Inc. or any person requested to release such information to TranSource, Inc. A photocopy or facsimile of this Agreement will be legally admissible under the "best evidence rule." A signed copy of this credit application and/or any related document sent by facsimile shall be treated as an original document and shall be admissible as evidence thereof, and all signatures thereon shall be binding as if manual signatures were personally delivered.

By:		By:	Date: (mm//dd/yy)
	(Signature)	(Please P	rint Name)
By:		By:	Date: (mm//dd/yy)
	(Signature)	(Please P	rint Name)