



OWNER OPERATOR CREDIT APPLICATION

TERRY ELROD
812-284-9642 Fax

Legal Business Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Title _____ Tele # _____ EXT: _____

Fax # _____ Equipment Location: _____

Nature of your business and use of equipment: _____ Fed ID# _____

Type of Ownership: Proprietorship _____ Partnership _____ Corporation _____ Date YOU started the Business: _____

PRINCIPALS:

Name _____ Spouse _____

Home Address _____ Home Address _____

City _____ ST _____ Zip _____ City _____ ST _____ Zip _____

Home Phone _____ Home Phone _____

Social Security # _____ Social Security # _____

Date of Birth: _____ Date of Birth: _____

Title _____ Ownership Percent _____ % Employer _____ Annual Income _____

YOUR MAIN BANK REFERENCE:

Bank Name _____ Checking Acct # _____

City _____ St _____ Loan # _____

Open Date: _____ Average Balance: _____ Officer Name _____

Phone Number _____

TRUCKS / TRAILERS FINANCED OR LEASED (IF MORE THAN 1 PLEASE INCLUDE SEPARATE SHEET)

Company Name _____ Acct# _____ Open Date: _____ Tele # _____

MAJOR HAULING REFERENCES:** THIS SECTION MUST BE COMPLETED

Company Name _____ Telephone # _____

Contact _____ Position _____ Start Date _____

Company Name _____ Telephone # _____

Contact _____ Position _____ Start Date _____

DRIVING EXPERIENCE:****THIS SECTION MUST BE COMPLETED

Company Driver: _____ Owner Operator: _____

Mortgage Company: _____ Account Number: _____ PH# _____

Purchase Price: _____ Beginning Balance: _____ Present Balance: _____ Payment: _____

Market Value: _____

RELEASE: To Whom This May Concern; This will be your authority and my request for you to release any and all information requested concerning personal or company credit information / ratings by telephone or fax. To the best of my knowledge, all information contained herein is accurate and true.

SIGNATURE _____ **Date** _____