

Decatur Truck & Trailer Sales

Ph (256) 751-3800
Fax (256) 751-3803

Business Credit Application

Joint Individual

Date: / /

NAME (LAST, FIRST, M.I.)

DATE OF BIRTH

SOCIAL SECURITY NO. RES. PHONE BUS. PHONE CELL PHONE

CURRENT STREET ADDRESS CITY COUNTY STATE ZIP CODE

OWN HOME OUTRIGHT BUYING HOME RENTING/LEASING HOME LIVING WITH RELATIVES

TIME AT CURRENT ADDRESS YEARS MONTHS MONTHLY PAYMENT \$

MORTGAGE HOLDER / LANDLORD (NAME & ADDRESS)

BANK REFERENCE ACCOUNT NUMBER CONTACT PERSON PHONE NO. ACCT TYPE

PRESENT EMPLOYER/CONTRACTOR (NAME & ADDRESS) CONTACT PERSON PHONE NO. HOW LONG

EQUIPMENT TO BE CONTRACTED TO CONTACT PERSON PHONE NUMBER PRODUCTS HAULED

YEARLY INCOME YRS AS OWN/OP TOTAL YRS EXPERIENCE NO. OF TRUCKS / TRAILERS OWNED

LIST BANK AND AUTO FINANCING/LEASING SOURCES

FINANCIAL INSTITUTION ADDRESS ACCT NO. BALANCE CONTACT PHONE

1)

2)

3)

4)

5)

6)

ADDITIONAL COMMENTS:

This Application is accurate & truthful. The undersigned hereby authorizes all creditors to release all requested information*

Applicant signature: _____ Date: / /