

DATE: _____

CREDIT APPLICATION

McKENNA TRUCK CENTER

Lisa Sanders

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PURCHASER'S FULL NAME: _____ SS#: _____ Date of Birth **D.O.B:** _____
 DRIVER'S LIC. #: _____ ST.: _____ EXP. DATE: _____
 PRESENT ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 RENT: _____ OWN: _____ HOW LONG AT PRESENT HOME ADDRESS? YEARS _____
 HOME PHONE #: _____ BUSINESS PHONE #: _____ CELL PHONE #: _____
 SPOUSE NAME: _____ SS#: _____ D.O.B: _____
 SPOUSE EMPLOYER: _____ EMPLOYER PHONE #: _____ SINCE: _____
 ANNUAL INCOME: \$ _____ - _____

IF A CORPORATION:

COMPANY NAME: _____ DATE INCORPORATED: _____ STATE: _____
 PRINCIPAL OWNER: _____ SS#: _____ TAX ID#: _____
 BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 BUSINESS PHONE #: _____ BUSINESS FAX: _____

MATERIALS HAULED?: _____ # Of Trucks Currently Owned: _____
 # OF YEARS IN TRUCKING?: _____ # Of Years as O/O: _____ # Of Trucks Currently Leased _____

EMPLOYMENT (Past 5 Years Driving Experience)

FUTURE EMPLOYER: _____ PHONE #: _____ CONTACT: _____
 CITY: _____ STATE: _____ ZIP: _____
 CURRENT EMPLOYER: _____ PHONE #: _____ CONTACT: _____
 CITY: _____ STATE: _____ ZIP: _____ YEARS: _____ MONTHS: _____

ANY REPOSSESSIONS?: YES: _____ NO: _____ WHEN: _____
 ANY BANKRUPTCY: YES: _____ NO: _____ WHEN: _____

BANK REFERENCES & CONTACT PERSON

ACCOUNT	BANK	LOCATION	ACCOUNT	PHONE
CHECKING:				
PHONE #				
SAVING:				
PHONE #				

PRIMARY CREDIT REFERENCES

THIS AREA MUST BE COMPLETED!! Installment Loans: Equipment, Trucks, Autos: Business Loans No Credit Cards!!

#	NAME	CITY	STATE	ACCOUNT #	CONTACT PERSON	PHONE #
1						
2						
3						
4						

Applicant warrants all credit and financial information submitted to McKenna Truck Center and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize McKenna Truck Center and/or its assignees to obtain personal credit bureau reports and/or personal and business income tax transcripts from a national credit bureau for the making, extension or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

BY: _____ DATE: _____ BY: _____ DATE: _____