



CREDIT APPLICATION

2959 Hwy 151/61 • PO Box 693 • Dubuque, IA 52004-0693
800-553-3642 • Fax 563-556-3420

Please complete and fax to 563-556-3420 or e-mail to dansargent@truckcountry.com

Interested in: New Used Not Sure Salesperson you are working with _____

Purchaser Present Information

Full Name _____ D.O.B. _____
Drivers Lic. Number _____ State _____ Exp. Date _____
Address _____
City _____ State _____ Zip _____
Soc. Sec. # _____ Contact Phone _____ E-Mail _____
At Current Address for ____Yr ____Mo Rent Own
Spouse Name _____ D.O.B. _____ Soc. Sec. # _____

If a Corporation

N/A Partnership Sole Proprietorship Corporation
Company Name _____ Date Incorporated _____ State _____
Principal Owner _____ Tax ID _____
Business Address _____ City _____ State _____ Zip _____
Business Phone _____ Business Fax _____

Trucking Experience

Materials Hauled _____
Radius _____ Income _____ # of Years in Trucking _____
of Trucks Owned _____ # of Trailers Owned _____
of Years as Owner/Operator _____

Employment (Last 5 Years)

Future Employer

Company _____ How Long? _____ Yr _____ Mo
Contact _____ Phone _____
City _____ State _____ Zip _____

Current Employer

Company _____ How Long? _____ Yr _____ Mo
Contact _____ Phone _____
City _____ State _____ Zip _____

Previous Employer

Company _____ How Long? _____ Yr _____ Mo
Contact _____ Phone _____
City _____ State _____ Zip _____

Financial History

Any Repossessions? Yes No If Yes, When? _____
Bankruptcy? Yes No If Yes, When? _____

Bank Reference and Contact Person

Checking and Savings

Bank: _____ Location: _____ Account#: _____
Contact: _____ Phone: _____

Loans

Bank: _____ Location: _____ Account#: _____
Contact: _____ Phone: _____

PRIMARY CREDIT REFERENCES

Installment Loans: Equipment, Trucks, Autos, Business Loans - No Credit Cards

This area must be completed!

First Reference

Name: _____ City: _____ State: _____
Contact: _____ Phone: _____ Account#: _____

Second Reference

Name: _____ City: _____ State: _____
Contact: _____ Phone: _____ Account#: _____

Third Reference

Name: _____ City: _____ State: _____
Contact: _____ Phone: _____ Account#: _____

For the purposes of procuring and maintaining credit, the undersigned submits the foregoing statement and information, including any supplemental sheets, as being a true and correct statement of my/our financial condition on the date stated. The undersigned agrees to notify us immediately in writing of any unfavorable change in financial condition.

We hereby grant permission to all above creditors to release our account information. This shall be a continuing authorization for all present and future disclosures to account information and credit experience

Signatures (Required)

By _____ Date _____

By _____ Date _____

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