Application for Credit



PO Box 5598 Boise, ID 83705 Phone (208) 344-2539 Fax (208) 908-5249

THE FOLLOWING ITEMS MUST ACCOMPANY THE COMPLETED APPLICATION:

- Last two (2) years' Federal Tax Returns on the business, or individual, as applicable.
 A current Personal Financial Statement (assets and liabilities). Please complete either the abbreviated form on this credit application, or provide a stand-alone statement.
- 3) Last three (3) months' bank statements from your primary business/personal checking account for verification of average account balances (i.e. only the page showing the balances).

Applicant Informa								
Full Name:		Social Secu	rity Number:					
Home Address:		Phone No.:		Fax No.:				
City, State, Zip:		County:						
Time at this address:	Yrs Mos O	wn 🗆	Rent 🗆					
Former Address(es) (5	-Year Minimum):							
Have you ever taken ba Are you a defendant in Have you ever had any <u>Explanation:</u>	ankruptcy?		(if "yes" please explain (if "yes" please explain (if "yes" please explain	below)				
Co-Applicant Infor	rmation							
Full Name:		Social Secu	rity Number:					
Home Address:		Phone No.:		Fax No.:				
City, State, Zip:		County:						
Business Informat	ion							
Business Name:			Federal Tax ID)#:				
Business Address:			Bus. Phone:					
City, State, Zip:								
Currently Haul For:	Company :							
	Address:							
(Contact Name:							
If less than 1 year with Company Name & Address	n Current Haul Previously ha Phone No.	auled/worked fo	Pr: Position Held	How Long?				
How long as an Owner	/Operator? yrs.	Yea	rs of Driving Experien	ce: yrs.				
Operator License Num	ber:	State:	Exp. Da	te:				
Freight Type:		Geographic	Territory:					
Applicant to Drive?	Yes □ No □ If NO,	who will drive?						
	Driver's Operator License Number	r:	State:	Exp. Date:				
Major Haul and/or Cus								
Name	Address (City/State)	<u>Phone</u>	<u>Contact</u>	<u>% of Annual Revenue</u>				
1)								
2)								
3)								

		L1/	ABILITIES & N	et worth		INCOME 8	EXPENSES	
ash in Bank	\$	Accounts Payable \$				/ to//		
ccounts Receivable	\$					Gross Trucking Income	\$	
quipment Owned/Leased		Equipme	ent Debt Financed	\$		+ Other Income	\$	
# Tractors	-	Mo. Pr	mt. on Equip. Debt			- Interest Expense	\$	
# Trailers	\$	\$ _				- Depreciation Expense	\$	
ther Equipment	\$	Other Li	iabilities	\$		- Lease Payments	\$	
eal Estate	\$	Mortgag	је	\$		- Other Operating Exp.	\$	
ther Assets	\$							
OTAL ASSETS	\$	TOTAL	LIABILITIES	\$		OPERATING PROFIT	\$	
		NET WORTH (Assets	- Liabilities)	\$				
		TOTAL LIABILITIES &		\$				
Current Equipme	ent I oan/I ea	se References	s (or Previou	s l enders if	not curre	ntly indebted)		
Company	Phone No.		t Name	Equipment Type		Account No(s).		
rade Reference.	s (fuel, tires,	etc.)						
ompany	Phone No.		t Name	Type of Account		Account No(s).		
			Countra de Maria		ach Turc	Accourt	at Na(a)	
Bank Reference		Phone No.	<u>Contact Nar</u>		.cct. Type		nt No(s).	
<u>Bank</u>			<u>Contact Nar</u>		.cct. Type cking / Saving		n <u>t No(s).</u>	
<u>Bank</u>	nation (P.D.		<u>Contact Nar</u>	Che			nt No(s).	
Bank Insurance Inform	nation (P.D.		<u>Contact Nar</u>				n <u>t No(s).</u>	
Bank Insurance Inform nsurance Co./Agent:	nation (P.D.			Che			n <u>t No(s).</u>	
Bank Insurance Inform nsurance Co./Agent: arrier:		and Liability)		Che		js	nt No(s).	
Bank Insurance Inform nsurance Co./Agent: Carrier: Finance Terms R		and Liability)	No(s).	Che		js	n <u>t No(s).</u>	
Bank Ensurance Inform Insurance Co./Agent: Garrier: Finance Terms R Fotal Sales Price:		and Liability)	No(s).	Che Phone:		js	nt No(s).	
Bank Insurance Inform Insurance Co./Agent: Carrier: Finance Terms R Total Sales Price: Cash Down:		and Liability)	No(s).	Che Phone:		js		
Bank Insurance Inform Insurance Co./Agent: Finance Terms R Fotal Sales Price: Cash Down:	equested	and Liability)	No(s). Equipment	Che Phone:		exp. Date:	v 🗆	
Bank Insurance Inform nsurance Co./Agent: Carrier: Finance Terms R Total Sales Price: Cash Down: Trade Allowance:	de (and Liability)	No(s). Equipment Qty.	Che Phone:		is Exp. Date: New	v 🗆	
Bank Insurance Inform Insurance Co./Agent: Carrier: Finance Terms R Total Sales Price: Cash Down: Trade Allowance: Owed on Trade Net Trade	de (and Liability)	No(s). Equipment Qty. Year	Che Phone:		Exp. Date: New Usec	v 🗆 d 🗆 t 🗆	
Insurance Information nsurance Co./Agent: Carrier: Finance Terms R Total Sales Price: Cash Down: Trade Allowance: Owed on Trade	de (and Liability)	No(s). Equipment Qty. Year Make	Che Phone:		Exp. Date: New Usec Replacement	v 🗆 d 🗆 t 🗆	
Bank Insurance Inform Insurance Co./Agent: Carrier: Finance Terms R Total Sales Price: Cash Down: Trade Allowance: Owed on Trade Ret Trade Ret Trade Ret	de (and Liability)	No(s). Equipment Qty. Year Make Model	Che Phone:		Exp. Date: New Usec Replacement	v 🗆 d 🗆 t 🗆	

The undersigned certifies that the above information, given for credit purposes is true and correct and authorizes Western Trailer Co. or its assignee and any credit bureau or other investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

PLEASE COMPLETE, AND PROVIDE, ALL INFORMATION TO EXPEDITE THE CREDIT DECISION.

Applicant Signature:

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Date: _____

Co-Applicant Signature:

Date: