FITZGERALD TRUCK PARTS & SALES

FINANCE APPLICATION

Phone: _____   **Salesman:** _____

APPLICANT INFORMATION

Business Borrower (Company Name)	Phone:	Fed Tax I.D.
Address	City	State / Zip
Individual ☐ S-Corp ☐ LLC ☐ Partnership ☐ C-Corp ☐	Years as O/O	Yrs in Industry / Mo/Yr Inc. / State Inc.
1. Applicant Name(officer of business or O/O)	Title / DOB / % Owned	SSN
Address	City	State / Zip
Email Address	Cell Phone Number	Home/Office Number
2. Applicant Name(officer of business or O/O)	Title / DOB / % Owned	SSN
Address	City	State / Zip
Email Address	Cell Phone Number	Home/Office Number
Home Applicant (check one) ☐ Own ☐ Rent ☐ Other	Market Value	Monthly Payment
Have you every filed bankruptcy? ☐ No ☐ Yes	Have you ever had an item repossessed? ☐ No ☐ Yes	Are you a defendant to any legal action? ☐ No ☐ Yes

Banking Information

Bank Name	Contact Name	Phone Number
City	State	Zip

Fleet Vehicle/Financing Information

Is this purchase a replacement or addition to fleet?	# of trucks in Fleet:	# of trailers in Fleet:

List Fleet Units (Complete fully all units financed in the last 5 years. Attach additional page if necessary)

Year/Make/Model	Financed at	Phone Number	Payment	Balance
Year/Make/Model	Financed at	Phone Number	Payment	Balance
Year/Make/Model	Financed at	Phone Number	Payment	Balance
Year/Make/Model	Financed at	Phone Number	Payment	Balance

Haul Source/Work History (List all haul source/driving experience for the last 5 years. Most recent first.)

Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started
Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started
Company	Contact	Goods Primarily Hauled	Position	Phone Number	Mo/Yr Started

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm and/or its assigns or person this application is made to and any credit bureau or investigative agency to investigate the referenced statements or other date listed accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part pf said investigation.

Applicant Signature #1	Applicant Signature # 2	Date

Application MUST be completed in full signed and dated.