(401) 996-3949

For Immediate Financing Assistance

PRINT - COMPLETE - SIGN
then FAX to: **(401) 461-1539**

Michael Mosher
Senior Account Representative for TrucksOnly.com

BUSINESS INFORMATION:

EXACT LEGAL COMPANY NAME:	TERM (Months)	BUSINESS TYPE
	☐ 36 ☐48 ☐60	☐ LLC ☐ CORPORATION ☐ PARTNERSHIP ☐ LP ☐ SOLE - PROPRIETOR
DBA (if applicable) :	**CONTACT PERSON:**	
	Mr.☐/Ms☐	
MAILING/ BUSINESS ADDRESS:	**Cell #:** **E-mail:**_____	
CITY/ STATE/ ZIP:		
BUSINESS PHONE NUMBER:	**BUSINESS FAX NUMBER:**	

BUSINESS DESCRIPTION	YEARS IN BUSINESS	FEDERAL TAX ID#

REFERENCE INFORMATION:

TRADE REFERENCES:	ACCOUNT #	CONTACT NAME & TELEPHONE NUMBER
NAME:		
NAME:		

BUSINESS BANK ACCOUNTS	ACCOUNT #	TELEPHONE #	OFFICER TO CONTACT
NAME:			
NAME:			

PERSONAL INFORMATION: *Include all owners to account for 100% of company ownership*

PRINCIPAL	SOCIAL SECURITY #	TITLE & OWNERSHIP %	HOME ADDRESS & TELEPHONE

EQUIPMENT INFORMATION:

TYPE OF EQUIPMENT:	EQUIPMENT COST:

☐NEW ☐USED ☐REFURBISHED IF USED OR REFURBISHED - AGE OF EQUIPMENT:

SUPPLIER:	CONTACT:	PHONE:
SUPPLIER ADDRESS:	E-MAIL:	CELL #:

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

Applicant warrants all credit and financial information submitted through TrucksOnly.com and/or its assignees to be true and accurate and hereby authorizes all banking institutions 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 TrucksOnly.com and/or whom TrucksOnly.com assigns to obtain personal credit bureau reports 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.

X _____

Signature Print Name Date