



Mike Hubbard
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TRUCK / TRAILER FINANCING CREDIT APPLICATION

NAME OF BUSINESS		TIME IN BUSINESS	CONTACT	
<input type="checkbox"/> CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROP. <input type="checkbox"/> LLC		PHONE NO.		
E-MAIL ADDRESS	FEDERAL ID#		FAX NO.	
COMPANY ADDRESS	CITY	COUNTY	STATE	ZIP
HAS ANY OWNER/OFFICER FILED BANKRUPTCY <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN _____ ANY UNPAID TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH _____ ANY UNPAID CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH _____			ARE YOU A HOMEOWNER <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER / OPERATOR <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MANY YEARS AS O/O _____	

PERSONAL INFORMATION ON OFFICERS / OWNERS / PARTNERS / SPOUSE

FULL NAME	TITLE	% OWNED	HOME ADDRESS	SOCIAL SECURITY #
OWNER #1				
OWNER #2 / COSIGNER / SPOUSE				

BUSINESS BANK / LOAN / LEASE / TRADE REFERENCES

NAME OF BANK	CITY / STATE	PHONE NO.	ACCOUNT NO.
1.			
2.			
3.			

TRUCKING EXPERIENCE

How Long Have You Had A CDL		Current Carrier	
How Long As An Owner / Operator		Years With Current Carrier	
How Many Trucks Do You Currently Own		Products Hauled	
Why Do You Need This Truck?		Previous Carrier	
		Years With Previous Carrier	
		Products Hauled	

CREDIT RELEASE

By signing below, the undersigned individual, who is authorized to sign on behalf of the company, provides written instruction to Empire Financial Group and/or its assignees authorizing review of the credit profile. Such authorization extends to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or addl. credit and for reviewing or collecting the resulting account. By signature below, I affirm my identity as the respective individual/s identified in the above application.

Applicant's Signature X _____ Title _____ Date _____