

Vocational Credit Application

Today's Date		Business Start Date				State of Incorporation			
C Corp <input type="checkbox"/>	S Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Parent Company (if applicable)				
Applicant Legal Name (Business or Individual)					DBA Name				
Address					Tax ID #		SSN		
City	County	State	Zip	Tel #	Fax #	Email			
Principal Owner/Guarantor Name				Title	SSN	% Owned	Years w/ Co.	Years Exp	DOB, if Individual
Address				City	State	Zip	Phone		
Principal Owner/Guarantor Name				Title	SSN	% Owned	Years w Co.	Years Exp	DOB, if Individual
Address				City	State	Zip	Phone		
FINANCE / INSURANCE INFORMATION									
Vehicle Finance Reference		Contact name		Contact Phone Number		City	State	Account Type	Account Number
Vehicle Finance Reference		Contact name		Contact Phone Number		City	State	Account Type	Account Number
Vehicle Finance Reference		Contact name		Contact Phone Number		City	State	Account Type	Account Number
Operating Line Number :				Operating Line Secured By: <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other _____					
MAJOR CUSTOMERS / BUSINESS REFERENCES									
Name			% Revenue	How Long? Years Months		Contact name		Contact Phone Number	
Name			% Revenue	How Long? Years Months		Contact name		Contact Phone Number	
EQUIPMENT INFORMATION									
Existing Equipment (# of units) Trucks: Tractors: Trailers: Buses: Cars: Vans: Other:									
# Additions To Fleet _____				# Replacements to Fleet _____			Units To Be Purchased/Leased _____		
Nature of Business:									
<input type="checkbox"/> Construction	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Delivery	<input type="checkbox"/> Food/Grocery	<input type="checkbox"/> Refuse	<input type="checkbox"/> Municipal	<input type="checkbox"/> Beverage			
<input type="checkbox"/> Mixer (concrete)	<input type="checkbox"/> Tank	<input type="checkbox"/> Crane	<input type="checkbox"/> Hazardous/Toxic	<input type="checkbox"/> Tow Recovery	<input type="checkbox"/> Material Hauling	<input type="checkbox"/> Other (specify): _____			
Is Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Inactive month(s)		Annual Mileage: _____		Equipment Operates: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
<input type="checkbox"/> Retail	<input type="checkbox"/> TRAC	<input type="checkbox"/> FMV	<input type="checkbox"/> Fixed	Float <input type="checkbox"/> # Months _____	Requested Term _____		Balloon / Residual _____ %	Payment Stream <input type="checkbox"/> Level <input type="checkbox"/> Skips (months) _____	

