

Truck Life, LLC

7900 Melton Rd., Gary, IN 46403
 (219) 655-0018 Fax: (219) 321-1921 E-mail: sales@trucklife.us

Business Information

Credit Application

Legal Name of Business Entity				Contact Person	
Street Address		City	State	Zip	Phone Number
Federal Tax ID#		Nature of Business			MC #
___ # of Trucks ___ # of Trailers ___ Years Time in Business Email Address: _____					

Ownership / Guarantor Information

Principal's Name		Title	% Ownership	Date of Birth	Social Security Number
Home Address		City	State	Zip	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Home Phone		Drivers License #			
Principal's Name		Title	% Ownership	Date of Birth	Social Security Number
Home Address		City	State	Zip	Rent <input type="checkbox"/> Own <input type="checkbox"/>
Home Phone		Drivers License #			

Haul Information

Current Company Name		Contact Person	Ph #	How Long?
Previous Company Name		Contact Person	Ph #	How Long?

Comparable Credit References (Equipment Financing)

Company Name	Account #	Ph #	Contact
Company Name	Account #	Ph #	Contact
Company Name	Account #	Ph #	Contact

Bank Information

Bank Name & Branch	City/State	Phone #	Account Type	Account Number
Bank Name & Branch	City/State	Phone #	Account Type	Account Number

Personal References

Name				Phone #	2 nd Phone #
Street Address		City	St	Zip	Relationship
2 nd Phone #					
Name				Phone #	2 nd Phone #
Street Address		City	St	Zip	Relationship
2 nd Phone #					

Have you filed for Bankruptcy protection in the past ten years? ___ Do you have any outstanding liens or judgments? ___

THE UNDERSIGNED HEREBY AUTHORIZES OUR BANKS, TRADES, AND REFERENCES TO RELEASE CREDIT INFORMATION TO TRUCK LIFE, LLC/UNIK FLEET SALES, INC. OR ITS ASSIGNS. I/WE WARRANT THE ACCURACY OF THE INFORMATION IN THIS APPLICATION AND ANY OTHER FINANCIAL INFORMATION SUBMITTED BY THE UNDERSIGNED. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

Signed _____

Signed _____

Date _____