

FREEWAY TRUCK SALES

PH: (281) 354-7777 FAX: (281) 354-7727 FREEWAYTRUCKS.COM DATE

1) APPLICANT FILL OUT COMPLETELY CELL PHONE #

First Name	Last Name	Current Address	City	State	Zip
------------	-----------	-----------------	------	-------	-----

Home Phone Number	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	Social Security #	Date of Birth	Time @ above residence
LIVE W/ FAMILY					

Previous Address (if less than 7 years)	City	State	Zip	How long at previous address?
---	------	-------	-----	-------------------------------

Applicant Current Employer	Business Address
----------------------------	------------------

Work Phone Number	Driver <input type="checkbox"/>	Employed <input type="checkbox"/>	Time w/ Present Employer	Current Monthly Gross
	Owner Op <input type="checkbox"/>	SelfEmploy <input type="checkbox"/>		Previous Employer & Phone # (if less than 7 yrs)

Marital Status	Number of Dependants	Drivers License Number & State	
Single <input type="checkbox"/> Married <input type="checkbox"/>			

Nearest Relative Not Living With You	Street Address	City	State	Zip	Phone #
--------------------------------------	----------------	------	-------	-----	---------

e-mail: _____

Other Income Source:	Monthly Amount: \$
----------------------	--------------------

Checking Account <input type="checkbox"/>	Bank Name	Do not include account numbers
---	-----------	--------------------------------

Savings Account <input type="checkbox"/>	Bank Name	Do not include account numbers
--	-----------	--------------------------------

Landlord or Mortgage Company Name & Ph #	Monthly Payment
--	-----------------

Are you obliged to make alimony, child support or other support or maintenance payments?

Have you declared bankruptcy in the last seven (7) years?

Are there any outstanding judgements, liens or pending lawsuits against you?

Are you an endorser, guarantor or co-maker on any other debts?

By signing below I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether it is approved or not I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. **I understand that all deposits & down payments are nonrefundable.** I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature _____ Date _____

Driving & O/O Experience is a must for the last 3 yrs minimum w/ all information listed and needed below (each company you have worked for we must have co. name, address, contact w/ phone # & amount of time there:

TRUCK TO WORK FOR:	COMPANY NAME	COMPLETE ADDRESS	CONTACT	PHONE #	(fill in below)
---------------------------	--------------	------------------	---------	---------	-----------------

HOW MANY YEARS DRIVING EXPERIENCE DO YOU HAVE?

WHAT BUSINESS NAME WILL YOU CALL YOUR COMPANY?

DO YOU HAVE THAT NAME AS A DBA, LLC OR INC? IF YES, WHAT DATE STARTED?

DO YOU CURRENTLY OWN YOUR OWN TRUCK? IF YES, IS IT FINANCED & THRU WHO?

HOW MUCH INCOME PER MONTH DO YOU ESTIMATE WITH THIS NEW EQUIPMENT PURCHASE?

WHAT KIND OF LOADS/PRODUCTS WILL YOU BE CARRYING WITH YOUR EQUIPMENT?