

Freeway Truck Sales CREDIT APPLICATION

Date: _____

APPLICANT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Driver License # and State:

Email address:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Work Phone:

Truck to work for:

Company Name:

Company Address:

Contact Name:

Phone:

APPLICATION INFORMATION CONTINUED

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

I authorize Freeway Truck Sales to verify the information provided on this form as to my credit and employment history. I understand that all deposits and down payments are non-refundable. I understand that I must update credit information at your request if my financial condition changes.

Signature of applicant

Date