



# SCTS, Inc. Truck Equipment Credit Application



*(Please fill in all applicable spaces and circle the correct answers)*

CUSTOMER NAME (OR BUSINESS NAME IF APPLICABLE) \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

APPLICANT'S STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOW LONG? YRS \_\_\_\_\_ MOS \_\_\_\_\_ HOMEOWNER? YES NO MO. RENT/MTG PMT \$ \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT TO DRIVE THIS PURCHASE? YES NO APPLICANT FIRST TIME OWNER/OPERATOR? YES NO  
 FIRST TRUCK/TRAILER PURCHASE YES NO APPLICANT TRUCK DRIVING EXPERIENCE YRS \_\_\_\_\_ MOS \_\_\_\_\_  
 APPLICANT OWNER/OPERATOR EXP YRS \_\_\_\_\_ MOS \_\_\_\_\_  
 APPLICANT COMERCIAL DRIVER'S LICENSE \_\_\_\_\_ ISSUE STATE/PROVINCE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_  
 STATE VEHICLE WILL BE TITLED \_\_\_\_\_ TYPE OF GOODS HAULED \_\_\_\_\_

HAVE YOU EVER TAKEN BANKRUPTCY? YES NO ARE YOU A DEFENDANT IN ANY LEGAL ACTION? YES NO

HAVE YOU EVER HAD ANY ITEM REPOSSESSED? YES NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN: *(ATTACH ADDITIONAL SHEET IF NECESSARY)*

\_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU \_\_\_\_\_ RELATIONSHIP TO YOU \_\_\_\_\_ PHONE \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF EQUIPMENT IS TO BE PURCHASED IN A BUSINESS NAME**

BUS. TYPE (circle *S-CORP, C-CORP, LLC, ETC.*) STATE OF INCORPORATION \_\_\_\_\_ DATE OF INCORPORATION \_\_\_\_\_

FEDERAL TAX ID NUMBER \_\_\_\_\_ NAME OF SIGNERS FOR BUSINESS \_\_\_\_\_

\_\_\_\_\_ TITLES \_\_\_\_\_

**COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED; OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE, SPOUSE MUST SIGN ON PAGE 2.**

SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ SPOUSE'S EMPLOYMENT POSITION HELD:

\_\_\_\_\_ WORK PHONE \_\_\_\_\_ HOW LONG? YRS \_\_\_\_\_ MOS \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF THE APPLICANT IS NOT THE DRIVER OF THIS PURCHASE**

NAME OF DRIVER OF VEHICLE (IF NOT APPLICANT) \_\_\_\_\_

DRIVER'S DATE OF BIRTH \_\_\_\_\_ DRIVER'S TRUCK DRIVING EXPERIENCE YRS \_\_\_\_\_ MOS \_\_\_\_\_

DRIVER'S CDL # \_\_\_\_\_ ISSUE STATE/PROVINCE \_\_\_\_\_ ISSUE DATE \_\_\_\_\_

DRIVER'S STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**BANK REFERENCES**

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_



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**EQUIPMENT CREDIT INFORMATION** *(Where did you finance your last truck? Enter Cash if you paid for it outright.)*

LENDER / INSTITUTION NAME \_\_\_\_\_ PHONE \_\_\_\_\_ BALANCE \_\_\_\_\_  
 YEAR/MAKE/MODEL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CONTACT \_\_\_\_\_ DATE OPENED \_\_\_\_\_

LENDER / INSTITUTION NAME \_\_\_\_\_ PHONE \_\_\_\_\_ BALANCE \_\_\_\_\_  
 YEAR/MAKE/MODEL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CONTACT \_\_\_\_\_ DATE OPENED \_\_\_\_\_

**INCOME SOURCES** *(Who you drive for, leased on with, broker through, best customer?)*

*If you have your own authority, please enter your best customer or broker.*

*If you haul your own items, please enter Self and how long.*

HAUL SOURCE/BROKER/CUSTOMER NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
 GROSS MONTHLY INCOME \_\_\_\_\_ YRS \_\_\_\_ MOS \_\_\_\_ TRUCK TO WORK FOR THIS INCOME SOURCE **YES NO**

HAUL SOURCE/BROKER/CUSTOMER NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
 GROSS MONTHLY INCOME \_\_\_\_\_ YRS \_\_\_\_ MOS \_\_\_\_ TRUCK TO WORK FOR THIS INCOME SOURCE **YES NO**

**EQUIPMENT PURCHASE**

IS THIS ADDITIONAL EQUIPMENT? **YES NO** IF YES, JUSTIFY EXPANSION OF FLEET: \_\_\_\_\_

**NO. OF TRACTORS/TRUCKS BEFORE CURRENT PURCHASE:** # LEASED \_\_\_\_\_ # OWNED \_\_\_\_\_ # OWNER OPERATORS \_\_\_\_\_

**NO. OF TRAILERS BEFORE CURRENT PURCHASE:** # LEASED \_\_\_\_\_ # OWNED \_\_\_\_\_ # OWNER OPERATORS \_\_\_\_\_

IS THERE A TRUCK YOU ARE INTERESTED IN? MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ PRICE RANGE \_\_\_\_\_

HOW MUCH MONEY WOULD YOU LIKE TO PUT DOWN? \$ \_\_\_\_\_ WITH WHAT SALESMAN ARE YOU WORKING? \_\_\_\_\_

Sioux City Truck Sales, Inc. uses various lenders to offer competitive rates and terms. Would you like us to contact other lenders, other than Paccar? **YES NO**  
 If a yes or no is not marked, it will be assumed that it is agreed that we may contact various lenders that you may be qualified for. Additional information may be required.

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes Sioux City Truck Sales, Inc. and their lenders to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which lenders deem relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided. I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony. I understand that the lenders, and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SPOUSE SIGNATURE IF APPLICABLE**

\_\_\_\_\_  
**DATE**