



EQUIPMENT FINANCE CREDIT APPLICATION

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EQUIPMENT

Equipment:

Equipment Cost:	Seller: Fleet Trailer, LLC	Phone:
Sales Contact:	Location:	Email:

APPLICANT AND/OR GUARANTOR

Name:

E-mail:

Physical Address/City/State/Zip:

Date of birth:	SSN:	Phone#:
Homeowner/Rent:	Monthly payment: \$	How long at this location?
Ever File Bankruptcy?	Any Delinquent Child Support?	Tax Liens?

BUSINESS

Your Company Name:

Physical Address/City/State/Zip:

Time in Business:	Fed Tax ID#:	Phone#:		
Business Type: (Please check)	LLC	Corporation	S Corp	Sole Proprietor
Driving Experience: Years	Number of Tractors owned:	Number of Trailers owned:		

TRUCKING HISTORY

Current/Proposed Company and 2 Previous Companies

Proposed Company:	Contact:	Phone #:
Previous Company:	Contact:	Phone #:
Previous Company:	Contact:	Phone #:

Prior and/or Current Commercial Loans:

Lender:	Equip Financed:	Paid in Full?
Lender:	Equip Financed:	Paid in Full?

INSURANCE

Name of Insurance Company:

Agent:

Fax #:	E-mail:	Phone #:
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AUTHORIZATION



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I authorize Owner Operator Business Tools, or any of its agents or affiliates, to request and receive any information from my creditors and my employers including, but not limited to, Credit Bureaus, DAC Report, MVR, etc. I do hereby certify that the information I have provided is true and accurate. This authorization shall be effective from this signature date and is extinguished automatically upon full payment of any and all borrowing, if granted.

Signature of Applicant:	Date:
Joint Applicant Information	
Joint Applicant Name:	SSN:
Joint Applicant Street Address:	Phone:
Joint Applicant City, State Zip:	Email:
Date of Birth for Joint Applicant:	
Signature of Joint Applicant:	Date: