



COMMERCIAL FINANCE APPLICATION

Date: _____

Contact: _____

REFAX TO: _____

503-240-1823

I. PERSONAL INFORMATION

Purchaser to Drive: Yes No If no, Driver's Name: _____ Driver's S.S.# _____

Driver's License # _____ Driver's D.O.B. _____ Driver's Years of Experience _____

Purchaser's Full Name: _____ D.O.B. _____ Age _____

SS #: _____ # of Dep. _____ Purchaser's License # (State. Exp. Date): _____

Phone # - Business _____ Phone # Residence _____

Spouse: _____ D.O.B. _____ Age _____ Spouse SS# _____

Present Address: _____

Street _____ City _____ State _____ Zip _____

How Long at Present Address? Yrs. _____ Mos. _____ Rent Own

Mortgage payable to/or landlord (name and landlord)

Former Address _____

Street _____ City _____ State _____ Zip _____

How Long at Former Address? Yrs. _____ Mos. _____ Tax ID Number _____

Corporation: _____

Company Name _____ Incorporated in what State? _____ Date Incorporated _____ Date in Business _____

Principal: _____

Name _____ Title _____ Age _____ % Owned _____ Name _____ Title _____ Age _____ % Owned _____

Email Address: _____

I would like for TEC Equipment to do an insurance 'quick check' to determine whether or not I'm paying too much for my insurance coverage Yes No

Nearest Relative Not at Above Address:

Name _____ Street _____ City _____ State _____ Phone # _____ Relationship _____

Name _____ Street _____ City _____ State _____ Phone # _____ Relationship _____

Name _____ Street _____ City _____ State _____ Phone # _____ Relationship _____

II. EMPLOYMENT

Present and Past Employment for five years (Current or Last Employer first) (*If Self-Employed, List Three Major Hauls*)

Future Employment/Haul _____ Contact: _____ Phone # : _____

Address _____ Position: _____ How Long: _____

Current Employment/Haul _____ Contact: _____ Phone # : _____

Address _____ Position: _____ How Long: _____

Previous Employment/Haul _____ Contact: _____ Phone # : _____

Address _____ Position: _____ How Long: _____

Previous Employment/Haul _____ Contact: _____ Phone # : _____

Address _____ Position: _____ How Long: _____

Describe Nature of Business: _____

(Materials to be Hauled - Between what Points - Construction, Over the Road, ICC permits)

Monthly Income: _____ How long as an Owner Operator? _____

III. PURCHASER'S FINANCIAL AND CURRENT CREDIT STATEMENT

ASSETS (What is Owned)				LIABILITIES (What is Owed)				Amount Owing		
				Accounts Payable(Debt such as Service & Fuel Bill, VISA, Etc.)						
Cash On Hand	Bank	City, State	Acct.# Check	Value	Company	City, State	Acct.#	Phone #	Amount Owing	
			Savings							
Accounts Receivables _____					Total Accounts Payable				\$ -	
				(From Whom Due)						
Real Estate (Describe):					Financed By	City, State	Acct.#	Phone #	Payment	Balance Owing
Trucks Owned (Describe):										
Trailers Owned (Describe):										
Auto and Other Equipment Owned (Describe):										
Other Assets (Describe):										
Total Assets \$				\$ -	Total Liabilities \$				\$ -	

IV. PAST CREDIT REFERENCES

Creditor (Name, City, State, Phone)	Contact	Acct.#	Collateral	Date Opened	High Bal.	Mo. Payment
Taken Bankruptcy Within 10 Years? ___ Yes ___ No _____ Year Any Items Repossessed? ___ Yes ___ No _____						
<i>Please attach a copy of the last 2 year tax returns and 3 months of bank statements</i>						

The information given above is true and complete. Applicant authorizes TEC Equipment, Inc. or its designee(s), assignee(s) or any lending source to whom this application is submitted ("You") to review or obtain any information it may request from any business or consumer reporting agencies. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by You. Additionally, this authorization permits You to share and exchange information and to request, obtain and review bank, financial or other information from past, present, or potential creditors.

By _____ Date _____
 Applicant Signature and Title
 Please Print and Sign

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 Applicant Signature and Title
 Please Print and Sign