



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

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:

Table with 7 columns: Name, Street, City, State, Phone #, Relationship. Contains 4 rows of relative information.

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	
Cash On Hand				Accounts Payable(Debt such as Service & Fuel Bill, VISA, Etc.)				Owing	
Bank	City, State	Acct.#	Value	Company	City, State	Acct.#	Phone #		
		Check							
		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 \_\_\_\_\_

*Please attach a copy of the last 2 year tax returns and 3 months of bank statements*

The Information given above is true and complete. TEC Equipment, Inc. may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and applicant authorizes any person to release to TEC Equipment, Inc. & Assigns credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by TEC Equipment, Inc. & Assigns, or any person requested to release such information to TEC Equipment, Inc. & Assigns

By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Signature and Title      Applicant Signature and Title