

WHOLESALE TRUCKS OF AMERICA

800-705-4008

CREDIT APPLICATION

FAX TO 816-985-7711

COMPANY INFORMATION

CONTACT / TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

CELL PHONE: _____

FAX: _____ EMAIL: _____

FEDERAL TAX ID: _____

COMPANY TYPE / INDUSTRY: _____

TIME IN BUSINESS: _____ # OF EMPLOYEES: _____

TIME IN BUSINESS UNDER CURRENT OWNERSHIP: _____

BUSINESS TYPE: _____

- PARTNERSHIP S-CORP. SOLE PROP MUNICIPAL
 LLC CORPORATION NON-PROFIT

ANNUAL GROSS INCOME: _____

DO YOU RENT OR OWN YOUR BUSINESS LOCATION: _____

IF RENT, LANDLORD NAME: _____

LANDLORD PHONE: _____

PRINCIPAL OWNER'S INFORMATION

PHONE#: _____ % OWNERSHIP: _____

SOCIAL SECURITY #: _____ BIRTH DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIPAL II NAME: _____

PHONE#: _____ % OWNERSHIP: _____

SOCIAL SECURITY #: _____ BIRTH DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK & TRADE REFERENCES

BANK REFERENCE NAME: _____

BANK ACCT NUMBER: _____

BANK PHONE: _____

BANK CONTACT: _____

TRADE REFERENCE NAME: _____

TRADE REFERENCE ACCT NUMBER: _____

TRADE REFERENCE PHONE: _____

TRADE REFERENCE CONTACT: _____

EQUIPMENT INFORMATION

EQUIPMENT TYPE: _____

ESTIMATED COST: _____

TIMEFRAME TO PURCHASE: _____

VENDOR: _____

I / We hereby authorize any credit bureau or any other investigative agency to investigate the references herein listed or statements or other data obtained from me / us or from any other person pertaining to my / our credit and financial responsibility.

I / We represent, warrant and affirm that all of the statements made by me / us in this application are true and correct.

Fair Credit Reporting Act disclosure: This application for credit can be submitted to various financial institutions.

Title

Date

Print Name

Driver's License # State

Signature