

Freeway Truck Sales



Fax: 281-354-7727

Applicant Information

Name		Address	
City/State/Zip		Phone	Fax
Entity Type (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Date Of Birth	Company Information	
	Fed Tax I.D.#		
I. Principal Owner	% of Ownership	Title	Social Security Number
Address		City/State/Zip	

Insurance Information

Insurance Company Name (Liability & Physical Damage)	Agent	Phone
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Credit History

Bank Name	Account Number(s)	Contact	Phone
Finance Company	Account Number(s)	Contact	Phone
Finance Company	Account Number(s)	Contact	Phone

Haul References

Company Name	Products/Supplies	Contact	Phone
Company Name	Products/Supplies	Contact	Phone

Proposed Equipment Information

Year	Make	Model	Specifications	Delivery Date	Cost	Equipment is: <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
Year	Make	Model	Specifications	Delivery Date	Cost	Equipment is: <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
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Existing Equipment

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The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Texas Truck Financial, L.L.C. or to whom this application is made and any credit bureau or investigation agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.

Signature	Title	Date
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