



"Everything you're looking for in a Truck Store!"

Business Credit Application

Commercial Prod. Line _____

Joint Individual

Dealership: _____

Salesperson: _____

Date: _____

NOTE: Partnerships, Corporations or LLCs complete this section.

Corporations or Partnerships submit two year-end financial statements and most current balance sheet and profit/loss on business or current tax return.

Corporation: C S Non-Profit Organization Partnership

Business Name	Trade Name/DBA	Tax ID Number
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Business Address					
Street Address 1	Street Address 2	City	County	State	Zip Code

Type of Business	State of Organization	Date Business Established
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Business Phone No. ()	Monthly Income	Email Address
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Principal Name (1)	Title	% Owned
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Principal Name (2)	Title	% Owned
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Principal Name (3)	Title	% Owned
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* If more than three Principals, please attach separate sheet listing information.

NOTE: Individual, Guarantor, Sole Proprietorship complete this section.

Name (First, MI, Last, Generation)

Soc. Sec. No.	Date of Birth	Personal Email Address
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Other Name(s) under which applicant's credit references or history can be found

Present Address					
Street Address 1	Street Address 2	City	County	State	Zip

Billing Address (if different)					
Street Address 1	Street Address 2	City	County	State	Zip

Home Phone No. ()	Company Name	Company Phone No. ()
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Cell Phone No. ()	Drivers License #	Drivers License State	Time on Job (mos.)
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Own Home Outright <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>	Lived There _____ Yrs. _____ Mos.	Mo. Pmt \$ _____
Buying Home <input type="checkbox"/>	Leasing/Renting <input type="checkbox"/>		

Mortgage Holder/Landlord (Name & Address)	Banking Reference	Acct. No.
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Name and address of applicant's nearest relative not in household	Relationship	Home Phone ()
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Name and address of applicant's personal reference known over 1 year	Home Phone ()
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*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	*Secondary Income	Source	Gross Monthly Income
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Previous Employer/Contractor (if less than 2 years)	Address	Phone ()	How Long
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Business Information: (Check each item that is most applicable to your employment / Intended use of vehicle)

- Business
 Agricultural
 Hazardous
 Local
 Interstate
 Intermediate

List any Automotive Financing/Leasing Sources, Banking References and Lines of Credit

Financial Institution	Address	Acct. No.	Unpaid Balance	Contact	Phone

Transaction Information (Dealer to Complete)

Dealer Information

Contact Name	Contact Phone No.	Dealer No.
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Vehicle Information

Invoice Amount	Cash Price	Cash Down				
Trade-in Amount	Amount Owed on Trade	Estimated Payment Amount				
No. Units	New/Used	Year	Vehicle Type	Make/Model	Trade-in Description	Term

California Disclosure

Applicant, if married, may apply for a separate account.

Maine Resident

If your credit application is approved and you finance the purchase of your motor vehicle through Ford Credit, you will be required to insure the vehicle against loss or damage. Ford Credit requires collision coverage and comprehensive coverage or fire and theft coverage. In addition, if this application is for a lease, Ford Credit will also require you to obtain liability insurance.

You have the option to select an agent or broker of your choice, whether or not affiliated with Ford Credit. Obtaining insurance from a particular agent or broker does not affect credit decisions by Ford Credit, unless the insurance product selected violates the terms of your contract for the purchase or lease of the motor vehicle.

Ohio Disclosure

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Rhode Island Resident

A Credit Report may be requested in connection with this application for credit. Vehicle insurance may be obtained from a person of your choice.

Tennessee Resident

You must maintain insurance during the term of the contract. You must give the Creditor evidence of this insurance. The amount and type of insurance must be acceptable to the Creditor. **YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.**

Vermont Resident

By signing this credit application, Applicant consents to your obtaining a credit report for the purposes of evaluating this application and to obtain subsequent credit reports, in connection with this transaction, for the purpose of reviewing the account, taking collection action on the account or for any other legitimate purpose associated with the account.

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. I authorize you to check my credit and employment history and to provide and/or obtain information about credit experience with me.

Applicant Signature: _____ **Title:** _____ **Date:** _____

Joint Applicant Signature: _____ **Title:** _____ **Date:** _____