

PREMIER TRUCK CENTER LLC

1313 17TH Street East, Palmetto, FL 34221

PH. 941-729-8196

Email: JIM@premiertrucksfl.com

FAX. 941-729-8251

CREDIT APPLICATION

Business Information:	Personal Information:
Business Legal Name:	Principal Name #1:
Previous Business Name:	Job title:
DBA:	Home address:
Contact/title:	Social Security #:
Address:	Date of Birth: ownership %:
City, State, & Zip:	Phone:
Business Phone:	Cell Phone:
Cell Phone:	Email:
Federal Tax ID:	Signature: Date:
Company/Industry Type:	Are you a U.S. Citizen?
Years in business: # of employees:	Please provide a copy of Driver's License front & back
Business Type:	
Annual Gross Sales:	Principal Name #2:
	Job Title:
Bank Information:	Home address:
Name:	Social Security #:
Average ending balance:	Date of Birth: ownership %:
Please supply the first page of the last 3 months banks statements (the bank may ask for full statement later)	Phone:
Amount Requested:	Cell Phone:
Amount Available for down payment:	Email:
	Signature: Date:
	Are you a U.S. Citizen?
	Please provide a copy of Driver's License front & back
	Please provide additional information if there are more principals

Authorization: I/We above 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 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. A fax or photocopy of this authorization shall be valid as original.