



TK EXPRESS FINANCE CREDIT APPLICATION

BUSINESS NAME:		Year Started:	
Office #:	Cell #:	Fax:	
Contact:		Email:	
Mailing Address:	City:	State:	ZIP:
Business Structure: Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/>		Tax ID#:	
Hauling Area: Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/>	Products Hauled:	DOT #:	Motor Carrier #:
Annual Revenues:	# of Trucks Owned/ Leased:	# of Trailers Owned/ Leased:	

BUSINESS OWNER #1:		Soc. Sec. #	Date Of Birth:	
Address:		City:	State:	ZIP:
Time at Address: (Yrs/Mos)	Homeowner?: Yes <input type="checkbox"/> No <input type="checkbox"/>	US Citizen?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Exp:	Ownership %:
Prior Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES	Defendant in Legal Action? <input type="checkbox"/> NO <input type="checkbox"/> YES		Items Repossessed? <input type="checkbox"/> NO <input type="checkbox"/> YES	
BUSINESS OWNER #2:		Soc. Sec. #	Date of Birth:	
Address:		City:	State:	ZIP:
Time at Address: (Yrs/Mos)	Homeowner?: Yes <input type="checkbox"/> No <input type="checkbox"/>	US Citizen?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Exp:	Ownership %:
Prior Bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES	Defendant in Legal Action? <input type="checkbox"/> NO <input type="checkbox"/> YES		Items Repossessed? <input type="checkbox"/> NO <input type="checkbox"/> YES	

EQUIPMENT TO PURCHASE:	Year:	Make/ Model #:	Quantity:
Total Cost:	Cash/Trade:	Finance Amount:	Delivery Date:
Addition? <input type="checkbox"/> Replacement? <input type="checkbox"/>	Financing Term (Mos):	Financing Structure: LEASE <input type="checkbox"/> TRAC <input type="checkbox"/> LOAN <input type="checkbox"/>	
Dealer:	Sales Rep:	Phone #:	

BANK REFERENCE:	Contact:	Account #:	Phone #:
Truck/Trailer Credit Reference:	Contact:	Account #:	Phone #:
Truck/Trailer Credit Reference:	Contact:	Account #:	Phone #:
Customer or Haul Reference:	Contact:	How Long?:	Phone #:

AUTHORIZATION: The undersigned has applied to Trail King Industries, Inc. or its assignee for extension of credit. This will be your authority and my request to release any information concerning personal or business credit standing, which may include but not be limited to, personal or business credit histories. Information to be released by telephone, email or fax.

Business Owner	Signature	Date
Business Owner	Signature	Date

After completing form, please send to: