

Lovell Truck Sales

Date: _____

Dealership: _____

Contact: _____

Phone: _____

I. PERSONAL INFORMATION

Purchaser To Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Driver's Name _____		License # _____		D.O.B. _____	
Full Name: _____		Birth Date: _____		Age: _____		No. of Dependents: _____	
S.S. No.: _____		Driver Lic. No. (State, Exp. Date): _____				<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Nonprofit Org. <input type="checkbox"/> Corporation Tax I.D. Number	
Phone No. - Business: _____		Residence: _____					
Spouse: _____		Birth Date: _____		S.S. No. _____		Age: _____	
Present Address: _____							
Street (If RR, Give Directions to Location)				City		State	ZIP Code
How Long At Present Address? Yrs. ___ Mos. ___ <input type="checkbox"/> Rent <input type="checkbox"/> Own _____							
Mortgage Payable To/Or Landlord (Name & Address)							
Former Address: _____							
Street		City		State		ZIP Code	
Corporation: _____							
Company Name		Incorporated In What State		Date Incorporated		Date in Business	
Principal: _____							
Name		Title	Age	% Owned	Name		Title
Age		% Owned	Name		Title	Age	% Owned
Nearest Relatives Not At Above Address:							
Name		Street		City		State	Phone No.
Relationship							
Name		Street		City		State	Phone No.
Relationship							
Name		Street		City		State	Phone No.
Relationship							
Name		Street		City		State	Phone No.
Relationship							

II. EMPLOYMENT

Present And Past Employment For Five Years (Present Or Last Employer First):							
Name Of Company: _____		Contact: _____		Phone No: _____			
Address: _____		Position: _____		How Long: _____			
Name Of Company: _____		Contact: _____		Phone No: _____			
Address: _____		Position: _____		How Long: _____			
Name Of Company: _____		Contact: _____		Phone No: _____			
Address: _____		Position: _____		How Long: _____			
How Long As An Owner/Operator? _____							
Describe Nature Of Business: _____							
(Materials To Be Hauled - Between What Points - Construction Over The Road, ICC Permits)							
Monthly Income: _____							

III. EQUIPMENT PURCHASE

New <input type="checkbox"/>	Year	Make	Model	Body (Type)	Description	Serial Number	Title State
Used <input type="checkbox"/>							
Specs:	Engine	Transmission	Rears	Sleeper	Tractor Pkg.	Other	

TRADE-IN DESCRIPTION

Replacement <input type="checkbox"/>	Year	Make	Model	Body (Type)	Description	Serial Number	Title State
Additional <input type="checkbox"/>							
Specs:	Engine	Transmission	Rears	Sleeper	Tractor Pkg.	Other	

Total Cash Price:	\$ _____
Trade-In:	\$ _____
Amount Owning:	\$ _____
Net Trade:	\$ _____
Cash Down Payment:	\$ _____
Total Down Payment:	\$ _____
Unpaid Cash Advance:	\$ _____

IV. INSURANCE

	Yes	No	Premium:
Credit Life:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Associates:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Downtime:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
CAC:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Comprehensive:	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Deductible:	<input type="checkbox"/> \$1000	<input type="checkbox"/> Other	\$ _____

Outside Insurance:

Maturity (No. Of Mos.) _____	Number of Payments: _____	Carrier Name: _____
Amount of Each Payment: \$ _____		Agent's Name _____ Ph. No.: _____

V. PURCHASER'S FINANCIAL AND CURRENT CREDIT STATEMENT

ASSETS (What Is Owned)				(Include All Open Creditors)					Amount Owing	
				LIABILITIES (What Is Owed)						
Cash On Hand	Bank	City, State	Acct. No.	Value	Accounts Payable (Debt Company)	Such As (Doctor, Fuel Bill, VISA, etc.)	City, State	Acct. No.	Phone No.	
		Check								
		Savings								
		Loan								
Accounts Receivable					Total Accounts Payable					\$
					Balancing					Owing
(From Whom Due)					Financed By:					
Real Estate (Describe):					Name	City, State	Acct. No.	Contact	Phone No.	Payment
Trucks Owned (Describe):										
Trailers Owned (Describe):										
Auto And Other Equipment Owned (Describe):										
Other Assets (Describe):										
TOTAL ASSETS \$				TOTAL LIABILITIES \$						

VI.

Creditor (Name, City/State, Phone)	Contact	Acct. No.	Collateral	Date Open	High Bal.	Mo. Pymt.
Taken Bankruptcy Within 10 Years? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Yr.		Any Items Repossessed		<input type="checkbox"/> No <input type="checkbox"/> Yes		

The information given above is true and complete. Associates may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to Associates credit experience and account information on Applicant. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Associates, or any person requested to release such information to Associates. A credit report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living may be requested in connection with this application. Upon your request Associates will advise you whether a credit report was requested and if such a report was requested, we will inform you of the name and address of the credit reporting agency that furnished the report.

By: _____ Date _____ By: _____ Date _____
 Applicant Signature and Title Applicant Signature and Title