

# Cartwright Trailer Sales & Service

P.O. Box 30054  
Amarillo, TX 79120  
806-335-1431 Phone  
806-335-1537 Fax

Date: \_\_\_\_\_

Salesman: \_\_\_\_\_

## CREDIT APPLICATION FOR TRAILER PURCHASE OR LEASE

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Fax# \_\_\_\_\_ Cell # \_\_\_\_\_

Address if Different than Above \_\_\_\_\_ Years in Business \_\_\_\_\_

Years of Trucking Experience \_\_\_\_\_

### EQUIPMENT

Type of Equipment to be Purchased \_\_\_\_\_ Model/Year \_\_\_\_\_ \$ \_\_\_\_\_

### CREDIT INFORMATION ( Two Year History )

1. Bank Name	Business Checking	Account#	Phone#	Officer
2. Bank Name	Truck/Trailer Loans	Account#	Phone#	Officer
3. Bank Name	Equipment Loan Reference	Account#	Phone#	Officer

### TRADE REFERENCES / SUPPLIERS ( ie: Parts, Fuel, Tires, Repair Accounts )

Name:	Fuel Charge Account	Phone#	Contact
Name:	Tire Charge Account	Phone#	Contact
Name:	Repair or Parts Charge Account	Phone#	Contact

### HAULING INFORMATION

We need at least 2 Years

Products Hauled: \_\_\_\_\_ Hauling Area: \_\_\_\_\_ Number of Trucks You Own: \_\_\_\_\_

1st Hauling Reference: \_\_\_\_\_ Phone# \_\_\_\_\_ Contact \_\_\_\_\_

2nd Hauling Reference: \_\_\_\_\_ Phone# \_\_\_\_\_ Contact \_\_\_\_\_

### AUTHORIZATION FOR RELEASE

For the purpose of securing financing, I authorize all deposit and borrowing information to be released by telephone, fax or E-mail. By or for Cartwright Trailer Sales & Service, LP.

Annual Income: \_\_\_\_\_

Individual Name: \_\_\_\_\_  
Please Print

Business Name: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTES:
