

SCHOW'S TRUCK CENTER

Rep Name:
Direct Phone:
Direct Fax:

360 South 400 West Exit 211
Heyburn, Idaho 83336
Ph:(208) 679-6706 Fax: (208) 679-6186

INDIVIDUAL / GUARANTOR

Name: _____ Social Security #: _____ Date of Birth: _____
Physical Address: _____ Home Phone: _____ Mo. PYMT: \$ _____
City: _____ County: _____ Cell Phone: _____ Rent or Own: _____
State: _____ Zip: _____ Fax: _____ How Long? _____
Mailing Address: _____ City: _____ State & Zip: _____
Prior Bankruptcy? _____ Prior Repossession? _____ Tax Liens? _____ Unpaid Judgments? _____

EMPLOYMENT HISTORY (5 Yrs)

How many years have you had a CDL? _____ CDL #: _____

Where will you work this truck?	Current or Previous Haul	Previous Haul
Company: _____	Company: _____	Company: _____
Phone # _____	Phone # _____	Phone # _____
Contact name: _____	How Long? _____	How Long? _____
Miles / week = _____	Contact name: _____	Contact name: _____
Pay / mile \$ _____	_____	_____

EQUIPMENT LOANS / LEASES (where have you borrowed \$ before?)

Lender: _____	Lender: _____	Lender: _____
Phone # _____	Phone # _____	Phone # _____
Account #: _____	Account #: _____	Account #: _____

BUSINESS INFO (What Name Will You Register the Equipment In?)

Co. Legal Name: _____	Fed Tax # (EIN): _____	DBA _____
Address: _____	Phone #: _____	LLC _____
City: _____ Zip: _____	Fax #: _____	Corporation _____
State: _____ County: _____	Date of Incorporation: _____	Partnership _____
Bank Name: _____	State of Incorporation: _____	State: _____
Bank Phone #: _____	President _____	Ownership % _____
Bank Account #: _____	Vice President _____	Ownership % _____
	Secretary _____	Ownership % _____

TRUCKING INFO

# Co. Trucks: _____	Type of Haul: _____	MC/ICC # _____	Equipment for: _____
# Co. Trailers: _____		IFTA # _____	First Purchase _____
# Owner / Op: _____		IRP # _____	Expansion _____
Title Address: _____		DOT # _____	Replacement _____
City: _____ State: _____		County: _____	

INSURANCE INFO

3 PERSONAL REFERENCES

Phone #

Agents Name: _____	Name: _____	()
Phone #: _____	Name: _____	()
Fax #: _____	Name: _____	()

* Proper insurance coverage MUST be provided BEFORE any equipment will be delivered... Please contact your agent!

AUTHORIZATION

The undersigned hereby authorizes the Schow's Truck Center, or any of its' agents or assignees, to request and receive any information from my creditors and my employers including, but not limited to, Credit Bureaus, DAC report, MVR, etc. I do hereby certify that the information I have provided is true and accurate. This authorization shall be effective from this signature date and is extinguished automatically upon full payment of any and all borrowing, if granted.

X

Applicants Signature

Title Date

rev 7/06

Please submit last 2 yrs of Taxes and a current Financial Statement