



CREDIT APPLICATION

PHONE (323) 750-1277 FAX (323) 789-9929
 159 E. Manchester Ave. Los Angeles, CA 90003

IF BUSINESS - COMPLETE THIS SECTION

BUSINESS NAME		CORP.	PART	PROP	FED TAX I.D. #	YEAR STARTED
BUSINESS ADDRESS		CITY		STATE	ZIP	PHONE
BANK NAME		CITY	PHONE	CHECKING ACCOUNT	SAVINGS ACCOUNT	
CORP. OFFICERS		PRESIDENT		SECT./TREASURER	VICE PRESIDENT	
MAJOR TRADE CREDITORS	COMPANY NAME	ADDRESS		CITY	STATE	ZIP
1.						
2.						
PARENT COMPANY (If any)	ADDRESS	CITY	STATE	ZIP	PHONE	

IF INDIVIDUAL OR CO-APPLICANT - COMPLETE THIS SECTION

FULL NAME		SOCIAL SECURITY #		BIRTH DATE	DRIVER LIC. NO
HOME ADDRESS		CITY	STATE	ZIP	PHONE HOME WORK
OWN	RENT	LANDLORD OR MORTGAGE HOLDER		PHONE	MONTHLY PAYMENT
EMPLOYED BY		PHONE		HOW LONG EMPLOYED	
OCCUPATION		SUPERVISOR NAME		ANNUAL GROSS INCOME	
NEAREST RELATIVE OR FRIEND NOT LIVING WITH YOU		ADDRESS		PHONE	
1.					
2.					
HAVE YOU EVER FILED FOR BANKRUPTCY		YES	NO	HAVE YOU EVER HAD ANY REPOSESSIONS	
				YES NO	

THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

NATURE OF WORK IN WHICH VEHICLE WILL BE USED		TYPE OF MATERIAL HAULED
HOLDING CONTRACT WITH WHOM? NAME		PHONE
DRIVERS NAME (if different)	WHERE WILL TRUCK BE PARKED	
<p>I certify that the information is complete and true. I authorize Western Truck Exchange to investigate my credit and employment history, obtain credit reports, and release information about their credit experience with me. If an account is created, I authorize the obtaining of credit reports for the purposes of reviewing, taking collection action, or for other legitimate purposes associated with the account. I also authorize Western Truck Exchange and their affiliates to use information about me for marketing and administrative purposes</p>		
APPLICANT SIGNATURE	TITLE	DATE
INDIVIDUAL/CO-APPLICANT SIGNATURE	DATE	