



COMMERCIAL VEHICLE CREDIT APPLICATION

Please Print or Type. Send completed form to All Wheels Financial -- Fax 952-703-3460
 500 Ford Road, St. Louis Park, MN 55426 | or email awfcredit@wdlarson.com

FIRST NAME		MIDDLE INITIAL		LAST NAME		DATE OF APPLICATION		
SOCIAL SECURITY		DATE OF BIRTH		PHONE		CELL		
ADDRESS		CITY		STATE		ZIP CODE		
EMAIL ADDRESS								
LIVING WITH RELATIVES? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		RENT OR OWN?		HOW LONG AT CURRENT ADDRESS? (YEARS)		
						HOW LONG LIVING IN AREA? (YEARS)		
						NUMBER OF DEPENDENTS		
FORMER ADDRESSES (5 YEAR MINIMUM)				CITY, STATE, ZIP CODE			HOW LONG?	
JOINT APPLICANT: COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE OR SOME OTHER PERSON AND IF YOU ARE RELYING ON THEIR INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE.								
SPOUSE OR CO-BUYER'S NAME (FIRST, MIDDLE INITIAL, LAST NAME)				SOCIAL SECURITY		DATE OF BIRTH		
CO-BUYER'S EMPLOYER (NAME, ADDRESS, ZIP CODE)								
PHONE:		CONTACT:		POSITION HELD?		HOW LONG?		
NEAREST RELATIVE, NOT LIVING WITH YOU		RELATIONSHIP		COMPLETE ADDRESS & PHONE NUMBER			HOW LONG?	
SELF:								
CO-BUYER:								
CORPORATION/BUSINESS NAME				BUSINESS TAX ID #				
BUSINESS ADDRESS (IF DIFFERENT THAN PERSONAL)				BUSINESS PHONE				
PRESIDENT:		% OWNERSHIP		ARE YOU TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
VICE PRESIDENT:		% OWNERSHIP		IF SO, TAX EXEMPT NUMBER:				
SECRETARY/TREASURER		% OWNERSHIP						
EMPLOYMENT HISTORY (PRESENT OR MOST RECENT EMPLOYER FIRST)								
NAME AND ADDRESS OF COMPANY				PHONE/CONTACT		POSITION HELD		HOW LONG?
TRUCK OWNERSHIP AND USAGE								
<input type="checkbox"/> ADDITION OR <input type="checkbox"/> REPLACEMENT UNIT?		PREVIOUS TRUCK OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF TRUCKS OWNED?		HOW MANY FINANCED?		
# OF UNITS IN FLEET:		AVG. ANNUAL MILES PER UNIT:		% DEAD HEAD:		HOW MANY UNITS DO YOU RUN?		
PURCHASER OF THIS VEHICLE TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE INFORMATION BELOW ON PERSON WHO WILL DRIVE TRUCK. IF YES, STILL COMPLETE THE INFORMATION BELOW AS TO YOUR YEARS AS AN OWNER OPERATOR, WHO YOU WILL BE HAULING FOR, ETC.								
HOW LONG (YOU OR OPERATOR), AS AN OWNER/OPERATOR ? (YEARS)		YEARS OF DRIVING EXPERIENCE?		OPERATOR LICENSE #		STATE		
						DATE		
IF TRUCKING, BETWEEN WHAT POINTS?				OFF HIGHWAY USE? <input type="checkbox"/> YES <input type="checkbox"/> NO		AVERAGE MILES PER MONTH?		
REVENUE PER MILE/KM:		PROJECTED MONTHLY REVENUE:			PROJECTED MONTHLY EXPENSES:			
UNIT TO BE TITLED IN WHAT STATE?		COUNTY:			DELIVERY DATE:			



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FIRE, THEFT CAC AND COLLISION INSURANCE IS REQUIRED

NAME OF COMPANY/AGENT	ADDRESS	PHONE

CREDIT REFERENCES

BANK REFERENCE:	CONTACT:	PHONE:
ADDRESS	CITY	STATE ZIP CODE
CHECKING ACCT #	CURRENT BALANCE	SAVINGS ACCT # CURRENT BALANCE
LOAN ACCOUNT #:	COLLATERAL:	BALANCE:

OTHER:

REAL ESTATE OWNED (DESCRIBE)	PHONE	CONTACT	VALUE	BALANCE OWED	MONTHLY PAYMENT
OTHER ASSETS OWNED (DESCRIBE)	PHONE	CONTACT	VALUE	BALANCE OWED	MONTHLY PAYMENT
EQUIP OR TRUCK FINANCIAL REFERENCE (DESCRIBE/ACCT #)	PHONE	CONTACT	VALUE	BALANCE OWED	MONTHLY PAYMENT

Have any unsatisfied judgments been rendered against you or your company in the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or your company been declared bankrupt in the last 10 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you or your company or any principal had equipment repossessed in the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any accounts past due?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the company or any principal a co-maker, co-signer or guarantor on any loans, contracts or leases?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the company or any legal principal have any loans, contracts or leases with All Wheels Financial?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: ATTACH EXPLANATION FOR ANY YES ANSWERS.

ADDITIONAL INFORMATION:

I/WE UNDERSTAND AND AGREE THAT YOU MAY ASSIGN OR TRANSFER THIS CREDIT APPLICATION AND MAY ALSO COMMUNICATE THE INFORMATION CONTAINED HEREIN TO OTHERS TO DECIDE WHETHER OR NOT TO EXTEND CREDIT. I/WE AUTHORIZE THE BANK AND BUSINESS REFERENCES, AS WELL AS ANY OF MY/OUR LESSORS, LANDLORDS AND ANY OTHERS PAST OR PRESENT CREDITORS TO GIVE ANY AND ALL NECESSARY INFORMATION TO YOU, YOUR ASSIGNEES OR TRANSFEREES, WHICH WILL ASSIST YOU IN YOUR CREDIT INQUIRY. THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. I/WE HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE FOREGOING IS A TRUE STATEMENT OF MY/OUR FINANCIAL CONDITION. IN THE EVENT OF ANY MATERIAL CHANGE IN MY/OUR FINANCIAL CONDITION, I/WE WILL NOTIFY YOU IMMEDIATELY IN WRITING.

To sign with a DIGITAL SIGNATURE, click in the Signature Field, below, and follow the directions.

If this feature is not available on your computer you will need to Print and Hand Complete the Application.

CUSTOMER SIGNATURE _____	DATE _____
CO-BUYER SIGNATURE _____	DATE _____