

Don Baskin Truck Sales, LLC - Credit Application

Partnership (☐) Proprietorship (☐) Nonprofit Org. (☐) Corporation (☐)

Corporation Tax ID #, If Applicable: _____

Primary Applicant	Full Name:		
Present Address:		How Long?	
City:	ST:	Zip:	
Date of Birth:	Social Security #:		
Email Address:			
Business Phone:		Residence Phone:	
Own/Rent?	Mortgage/Rent Paid To:		

Spouse	Full Name:		
Date of Birth:		Social Security #:	

Former Address	Address		
City:	ST:	Zip:	

Corporation Information	Name:		
Incorporated in what state?		Date of Incorporation:	
Date in Business:			
Principal:		Age:	
Principal Title		% Owned	
Principal:		Age:	
Principal Title		% Owned	

Nearest Relatives Not At Above Address			
Name:		Address	
City:	ST:	Zip:	
Phone:	Relation:		
Name:		Address	
City:	ST:	Zip:	
Phone:	Relation:		

Employment - Past & Present - Five Years			
Company Name:		Contact:	
Address:		Phone:	
City:	ST:	Zip:	
Position:		How Long?	
Gross Monthly Income:			
Company Name:		Contact:	
Address:		Phone:	
City:	ST:	Zip:	
Position:		How Long?	
Gross Monthly Income:			
How Long As An Owner/Operator?			
Nature of Business:			
Gross Monthly Income:			

Purchaser's Financial & Current Credit Statement

Savings Account	Bank:	Account #:	
	Phone:		
Checking Account	Bank:	Account #:	
	Phone:		
	Bank:	Account #:	
	Phone:		
Asset:	Value:	Pmt. Amount	Amt. Owed
Asset:	Value:	Pmt. Amount	Amt. Owed
Asset:	Value:	Pmt. Amount	Amt. Owed
Asset:	Value:	Pmt. Amount	Amt. Owed
Asset:	Value:	Pmt. Amount	Amt. Owed
Asset:	Value:	Pmt. Amount	Amt. Owed

Have You Filed Bankruptcy in the last 10 years?

Any Items Repossessed?

Truck You Are Interested In?

Year:	Make:	Model:
Stock #	Color:	
Year:	Make:	Model:
Stock #	Color:	
Amount to be used as a Down Payment:		
Applicant Signature:		Date:
Co-Applicant Signature:		Date:

