



PETERBILT OF SPRINGFIELD
STRAFFORD, MO

PETERBILT OF LOUISVILLE
JEFFERSONVILLE, IN

PETERBILT OF CINCINNATI
CINCINNATI, OH

TRUCK COMPONENT SERVICES
STRAFFORD, MO

PETERBILT OF JOPLIN
JOPLIN, MO

PETERBILT OF FT. SMITH, LLC
VAN BUREN, AR

PETERBILT OF N. KENTUCKY
ERLANGER, KY

MID-AMERICA PETERBILT
O'FALLON, MO

PETERBILT OF ST LOUIS
SAUGET, IL

PETERBILT OF EVANSVILLE
EVANSVILLE, IN

TLG TRUCK CENTER-KANSAS CITY
KANSAS CITY, MO

CAPITAL LENDING CREDIT APPLICATION

Fax Number: (417) 865-9898

PERSONAL INFORMATION

NAME: FIRST		MIDDLE INITIAL		LAST		DATE OF APPLICATION	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		MARITAL STATUS:		NO. OF DEPENDENTS	
		<input type="checkbox"/> Unmarried (single, widowed, divorced)		<input type="checkbox"/> Married		<input type="checkbox"/> Separated	
ADDRESS:				HOME PHONE NUMBER:		CELL PHONE NUMBER:	
CITY, STATE, ZIP:				HOW LONG AT THIS ADDRESS?		HOW LONG IN AREA?	
EMAIL ADDRESS(S)							
FORMER ADDRESSES (5 YEAR MINIMUM):		CITY, STATE, ZIP:				HOW LONG?	
SPOUSE'S NAME (FIRST, M.I., LAST):				DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	
SPOUSE' EMPLOYER:				POSITION(S) HELD:		HOW LONG?	
BUSINESS NAME:						BUSINESS TAX I.D. NUMBER:	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE):						BUSINESS PHONE NUMBER:	

EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)

NAME AND ADDRESS OF COMPANY:	PHONE NO:	POSITION(S) HELD:	HOW LONG?
1.			
2.			
3.			

NEAREST RELATIVE NOT LIVING WITH YOU: ADDRESS: RELATIONSHIP:
SELF:

SPOUSE:
 HAVE YOU EVER TAKEN BANKRUPTCY? No Yes-Explain Below
 ARE YOU A DEFENDANT IN ANY LEGAL ACTION? No Yes-Explain Below
 HAVE YOU EVER HAD ANY ITEM REPOSSESSED? No Yes-Explain Below

EXPLANATION:

TRUCK USAGE

HOW LONG AS OWNER/OPERATOR:	OPERATOR LICENSE NUMBER:	STATE:	DATE:	PURCHASER TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, PROVIDE INFORMATION BELOW OF PERSON WHO WILL DRIVE TRUCK.
DRIVER'S NAME (FIRST, M.I., LAST):		ADDRESS:			
YEARS OF EXPERIENCE:	OPERATOR LICENSE NUMBER:	STATE:	DATE:	SOCIAL SECURITY NUMBER:	
TRUCK TO WORK FOR – COMPANY NAME:		ADDRESS:			PHONE NUMBER:
IF TRUCKING – BETWEEN WHAT POINTS:				OFF HWY USE: <input type="checkbox"/> Yes <input type="checkbox"/> NO	AVE MILEAGE PER MONTH

FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED

NAME OF AGENT:	ADDRESS:	PHONE NUMBER:
NAME OF COMPANY	ADDRESS	COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION <input type="checkbox"/> No <input type="checkbox"/> Yes, Radius:

BALANCE SHEET (Attach additional sheets if necessary)			
ASSETS (What you own)		LIABILITIES (What you owe)	
Cash on Hand & in Banks		Accounts Payable	
Accounts Receivable		Loan/Mortgage Information	
Equipment Owned/Leased		Company	City/State Phone No. Acct. No.
Vehicles Owned		Company	City/State Phone No. Acct. No.
Real Estate: <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Monthly Payment: _____		Company	City/State Phone No. Acct. No.
Other Assets (Itemize)		Other Debts (Itemize)	
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities & Net Worth	

CREDIT REFERENCES (List Credit References on Paid Accounts)

NAME:	CITY/STATE:	PHONE NO.:	CONTACT PERSON:	ACCT. NO.:	HIGHEST BALANCE:
1.					
2.					
3.					
BANK REFERENCE NAME:	CITY/STATE:	ACCOUNT NUMBER:			

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 other past 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 and complete 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. This shall be a continuing authorization for all present and future disclosures of account information and credit experience and credit inquiries.

X _____ X _____
Signature Date Signature Date

INSURANCE QUOTES REQUESTED

<input type="checkbox"/> PHYSICAL DAMAGE – Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$1500 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cargo <input type="checkbox"/> Downtime
<input type="checkbox"/> Driver Benefits <input type="checkbox"/> Disability <input type="checkbox"/> Term Life	<input type="checkbox"/> Credit Life <input type="checkbox"/> Single Premium Annuity