INTERSTATE TRUCK AND EQUIPMENT, LLC 706-367-4634

Signature

CREDIT APPLICATION FAX TO 706-367-2066

COMPANY INFORMATION PRINCIPAL OWNER'S INFORMATION		IFORMATION
CONTACT / TITLE:	PHONE#:	% OWNERSHIP:
ADDRESS:		BIRTH DATE:
CITY: STATE: ZIP:		
BUSINESS PHONE:		STATE: ZIP:
CELL PHONE:		
FAX: EMAIL:		
FEDERAL TAX ID:		% OWNERSHIP:
COMPANY TYPE / INDUSTRY:		BIRTH DATE:
TIME IN BUSINESS: # OF EMPLOYEES:		
TIME IN BUSINESS UNDER CURRENT OWNERSHIP:		STATE: ZIP: _
BUSINESS TYPE:		
☐ PARTNERSHIP ☐S-CORP. ☐SOLE PROP ☐MUNICIPAL		
☐ LLC ☐ CORPORATION ☐ NON-PROFIT		
ANNUAL GROSS INCOME:		
DO YOU RENT OR OWN YOUR BUSINESS LOCATION:		
IF RENT, LANDLORD NAME:		
LANDLORD PHONE:		
	<u> </u>	A11
BANK & TRADE REFERENCES	EQUIPMENT INFORMATI	UN
BANK REFERENCE NAME:	EQUIPMENT TYPE:	
BANK ACCT NUMBER:	ESTIMATED COST:	
BANK PHONE:		
BANK CONTACT:		
TRADE REFERENCE NAME:		
TRADE REFERENCE ACCT NUMBER:		
TRADE REFERENCE PHONE:		
TRADE REFERENCE CONTACT:	-	
I / We hereby authorize any credit bureau or any other inveor statements or other data obtained from me / us or from responsibility.		
I / We represent, warrant and affirm that all of the stateme	nts made by me / us in this appl	ication are true and correct.
Fair Credit Reporting Act disclosure: This application for cr	redit can be submitted to various	s financial institutions.
Title	Date	
Print Name	Driver's License #	State