

BUSINESS CREDIT APPLICATION Fax # (201) 408-2808

The Business:						
D.B.A. Name:	Legal Name:					
Type of Business:	Fed ID#:		Corp	LLC	Sole Prop	
Business Address:		City/ State/ Zi	ip:			
Billing Address:		City/State/Zip):			
Preferred Phone:	Phone #:		Fax #:			
Business Email:		Website:				
Years in Bus:	_ How Will Funds Be Used? _					
Vehicle information:						
Year:	Make:	Model	:			
Mileage:	Price:		_ Money down:			
Term:						
Owner/ Officers:						
1 st Owner Name:		Date of Birth: _		S.S.#:		
Home Address:		City/ State/ Zip:				
Home Phone:	Cell Phone: _		Own/rent:	Yea	rs?	
Drivers License:	DL 9	State:	Email:			
2 nd Owner Name:	Date of Birth:			S.S.#:		
Home Address:		City/ State/ Zip:				
Home Phone:	Cell Phone: _		Own/rent:	Yea	rs?	
Drivers License:	DL 9	State:	Email:			
Business Location						
Lease or own?	Term:		Monthly R	ent:		
Landlord/Mortgage Co:	Phone:		Cell:			
Email Address:	Contact:					
References:						
Bank Name:	Phone:		Contact:			

I hereby represent that all of the above information is true and that I understand that making false statements might be considered fraud. By providing the above information, I/we, the applicants(s), authorize Budget Truck Nation Inc. to investigate my/our financial responsibility and credit worthiness and that of the the business or businesses owned and will provide financial statements, tax returns, etc.., as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/we authorize Budget Truck Nation Inc. to request and receive pertinent information regarding the commercial lease for the above referenced location from my leasing company and/or agent. I/we authorize Budget Truck Nation Inc. to update my/our credit profile(s) from time to time in the future as you deem appropriate.

Owner #1 Signature:	Date:
Owner #2 Signature:	Date:
Comments:	