

Southwest Truck and Trailer Inc
P.O. Box 399
Clyde, TX 79510
Phone: 325-672-0555
FAX: 325-893-9170

Lease Application

I am currently attempting to lease a truck/trailer from Southwest Truck and Trailer Inc. I hereby give my authorization to Southwest Truck and Trailer Inc to use my application, credit reports, financial statements, and any other information I have provided to determine my suitability for the lease. Usage is limited to the purpose for which it was submitted. The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes the firm or person to whom this is made and any credit bureau or other investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. The undersigned individual(s) who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Southwest Truck and Trailer, Inc. or its designee the use of a consumer report on the undersigned as may be needed.

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. Southwest Truck and Trailer Inc is authorized to check my credit and employment history. I authorize all past or present creditors to release any and all necessary credit information. **A COPY OF YOUR I.D. MUST ACCOMPANY THIS APPLICATION IN ORDER TO BE PROCESSED.**

Signed _____ Date _____ Signed _____ Date _____
 Print Full Legal Name _____ Print Full Legal Name _____
 Social Security Number _____ Social Security Number _____

SECTION A		CUSTOMER INFORMATION				
Name(s) Individual or legal name of corporation, partners hi		Contact				
Physical Address				Cell phone number		
City	State	County	Zip code	Business phone number		
Billing name	<input type="checkbox"/> Same as above	Attention		Fax number		
Billing address						
City	State	County	Zip code			
<input type="checkbox"/> Individual/Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General partnership		<input type="checkbox"/> Limited partnership* <input type="checkbox"/> Limited Liability corporation* <input type="checkbox"/> Other _____				
If corporation		State of Incorporation	Date of incorporation			
Briefly describe operation						
Liability Insurance Carrier	Agent/Contact	Agent Phone	Amount of coverage			
Your business started	Years owned	Federal ID number (or Social Security number, if individual)				
SECTION B		Yes	No		Yes	No
Are there any unsatisfied judgements against you?				Are any accounts past due?		
Have you been declared bankrupt in the last ten years?						
Are you a defendant in any pending lawsuit?						
If you have answered "Yes" to any of the above questions. Please explain (Use separate sheet if necessary)						
Principal(s) of company/entity						
Principal name	Address/City/State/Zip Code	Social Security	title (if corporation)	Ownership%		

SECTION C	CREDIT REFERENCES				
Checking/Savings	Name	Person to contact	Phone Number	City/State	Acct./Loan Number
Operating Lender Name					
Trade Reference Name					
Trade Reference Name					
Trade Reference Name					
Company name, address, phone # for whom you are planning to work.					

Nearest Relative #1:

Name: _____

Phone Number: _____

Address: _____

Relationship: _____

Nearest Relative #2:

Name: _____

Phone Number: _____

Address: _____

Relationship: _____