



CREDIT APPLICATION

SALES DEPARTMENT

SEND COMPLETED APPLICATIONS TO
602-272-8936 or SalesDesk@DesertTrailer.com

PLEASE CHECK SALES PERSON: () ERIC () ROBERT () KYLE

BUSINESS / OWNER INFORMATION

BUSINESS NAME/LESSEE	YEARS OF DRIVER EXP	AGE OF BUSINESS	TELEPHONE #	DOT#
EMAIL	FEDERAL TAX #	TRUCKS IN FLEET	TRAILERS IN FLEET	MC#
ADDRESS (STREET)	CITY	ST	ZIP CODE	COUNTY
TYPE OF BUSINESS	GROSS REVENUES	() PROPRIETORSHIP () PARTNERSHIP () CORPORATION () LLC () OTHER		
PRINCIPAL'S NAME *ATTACH ADDITIAL SHEET IF NEEDED	TITLE	% OWNER	DATE OF BIRTH	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	ST	ZIP CODE	DRIVERS LICENSE #
MARRIED? YES NO SPOUSE'S NAME	DATE OF BIRTH		SOCIAL SECURITY #	

INSURANCE AGENT	CONTACT	PHONE/EMAIL
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BANK INFORMATION

BANK NAME	ACCOUNT #	ADDRESS
TELEPHONE #	ACCOUNT #	ADDRESS
BANK NAME	ACCOUNT #	ADDRESS
TELEPHONE #	ACCOUNT #	ADDRESS

*ATTACH ADDITIONAL SHEETS IF NEEDED

TRADE REFERENCES

COMPANY NAME	ACCT#/CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #/EMAIL	HIGH CREDIT	BALANCE
COMPANY NAME	ACCT#/CONTACT	DATE OPENED	TERMS
ADDRESS	TELEPHONE #/EMAIL	HIGH CREDIT	BALANCE

*ATTACH ADDITIONAL SHEETS IF NEEDED

HAUL REFERENCES

COMPANY NAME	ACCT#/CONTACT	INSERVICE DATE
ADDRESS	TELEPHONE #/EMAIL	TYPE OF FRIEGHT
COMPANY NAME	ACCT#/CONTACT	INSERVICE DATE
ADDRESS	TELEPHONE #/EMAIL	TYPE OF FRIEGHT
COMPANY NAME	ACCT#/CONTACT	INSERVICE DATE
ADDRESS	TELEPHONE #/EMAIL	TYPE OF FRIEGHT

*ATTACH ADDITIONAL SHEETS IF NEEDED

ASSET SCHEDULE

TRUCK/TRAILER EQUIPMENT	LIENHOLDER (NAME/ACCT#/PHONE #/EMAIL)	VALUE & BALANCE	MONTHLY PAYMENT

*ATTACH ADDITIONAL SHEETS IF NEEDED

REAL ESTATE SCHEDULE

REAL ESTATE OWNED	LIENHOLDER (NAME/ACCT#/PHONE #/EMAIL)	VALUE & BALANCE	MONTHLY PAYMENT
DESCRIPTION OF PROPERTY A			
DESCRIPTION OF PROPERTY B			
DESCRIPTION OF PROPERTY C			

*ATTACH ADDITIONAL SHEETS IF NEEDED

OTHER ASSETS

PROPERTY OWNED	LIENHOLDER (NAME/ACCT#/PHONE #/EMAIL)	VALUE & BALANCE	MONTHLY PAYMENT
DESCRIPTION OF PROPERTY A			
DESCRIPTION OF PROPERTY B			
DESCRIPTION OF PROPERTY C			

*ATTACH ADDITIONAL SHEETS IF NEEDED

PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	PHONE#/EMAIL

Has the company (Principals & Owners included) ever taken Bankruptcy protection within the last 10 years? YES NO

IF YES PLEASE EXPLAIN:

Has the company (Principals & Owners included) ever had items repossessed (voluntary or involuntary)? YES NO

IF YES PLEASE EXPLAIN:

I hereby affirm that above information, including any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above has provided his/her written authorization for inquiry into credit worthiness, including but not limited to obtaining a consumer credit report and bank rating, and shall hold Desert Trailer Systems, Inc. and its assignees harmless from the same. Desert Trailer Systems, Inc. is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. I/We understand that such an investigation may include seeking information as the background, credit and financial responsibility of our officers and principals (or both).

SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
PRINTED NAME		SPOUSE PRINTED NAME	