



Leasing Solutions

Please return application to:
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APPLICANT INFORMATION		FULL LEGAL NAME (Include DBA if applicable)			TELEPHONE		FACSIMILE	
BILLING STREET ADDRESS			CITY		COUNTY		STATE	
TRUCK LOCATION (If different from above) STREET ADDRESS			CITY		COUNTY		STATE	
ARE YOU A FIRST TIME BUYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		OR A PREVIOUS TRUCK OWNER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU TRADING IN? <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLIED FOR TRUCK FINANCING IN LAST THREE MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WERE YOU APPROVED? USE THE SPACE BELOW TO EXPLAIN
HOW MANY TRUCKS DO YOU OWN?		WILL YOU OPERATE THIS TRUCK YOURSELF? <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF BUSINESS		PRIMARY USE OF TRUCK	
CDL VERIFICATION		DO YOU HAVE AT LEAST 6 MONTHS OTR TRUCK DRIVING EXPERIENCE IN THE LAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO						
PERSON'S NAME TO CALL		NUMBER TO CALL						
2ND PERSON'S NAME TO CALL		NUMBER TO CALL			DO NOT SKIP THE LAST QUESTION EMTEX NEEDS TO CALL SOMEONE TO VERIFY YOUR OTR STATEMENT			
YEARS AS OWNER OPERATOR		YEARS AS COMPANY DRIVER		YOUR CDL NUMBER	CDL STATE	CDL EXPIRATION DATE	CDL DATE FIRST ISSUED	STATE ISSUED
NEAREST RELATIVE NAME (NOT LIVING WITH YOU)			STREET ADDRESS		CITY		STATE	ZIP CODE
INTENDED TRUCK OPERATOR		AVG. MONTHLY MILES YOU EXPECT TO RUN ON TRUCK BEING FINANCED			MONTHLY REVENUE EXPECTED WITH TRUCK BEING FINANCED			
HOW WILL YOU BE PAID? <input type="checkbox"/> PER MILE <input type="checkbox"/> PERCENT OF GROSS			LIST PRODUCTS TO BE HAULED/HANDLED					
CONTRACT <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> OTHER								
EMPLOYMENT		NAME OF CURRENT EMPLOYER		CITY	STATE	TELEPHONE	POSITION HELD	
CURRENT EMPLOYER CONTACT PERSON					HOW LONG?		ANNUAL INCOME	
PREVIOUS EMPLOYER 1			TELEPHONE		POSITION HELD	HOW LONG?	ANNUAL INCOME	
PREVIOUS EMPLOYER 2			TELEPHONE		POSITION HELD	HOW LONG?	ANNUAL INCOME	
TRUCK CREDIT HISTORY		THIS SECTION IS REQUIRED IF YOU CURRENTLY OWN A TRUCK OR OWNED A TRUCK IN THE PAST .				DID YOU FINANCE YOUR PREVIOUS OR CURRENT TRUCK/TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FINANCE CO. NAME			TELEPHONE		CITY		STATE	LOAN ACCOUNT NO.
LEGAL ACTIONS		PRIOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES WHAT YEAR?		ANY REPOS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES TO REPO QUESTION, WHAT TYPE OF UNIT WAS IT?
JUDGMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			LAWSUITS PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO			ANY TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TRUCK PURCHASE INFORMATION		NEW/USED	YEAR	MAKE	MODEL	BODY TYPE		
ENGINE		TRANSMISSION			AXLE WEIGHTS		SERIAL NUMBER/VIN	
DELIVERY DATE		VENDOR			VENDOR CONTACT NAME		VENDOR TELEPHONE	
PLEASE ENTER ADDITIONAL COMMENTS OR NOTES HERE								