



**Return to:**

**Debbie Moran**  
124 S. Howe  
Spokane, WA 99212  
888-534-5099  
**Fax 509-534-5014**  
debbiemoran@qwest.net

Exact Legal Name or

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Federal ID# \_\_\_\_\_ MC# \_\_\_\_\_

No. of years driving experience \_\_\_\_\_

No. of years owned own truck \_\_\_\_\_

Year Business Started (mm/yy) \_\_\_\_\_

Type of Business \_\_\_\_\_  LLC  Partnership

Corporation  Proprietorship

**Personal Information**

(PG 1) Name/Title \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

(PG 2) Name/Title \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

**Banking Information:**

Primary Business Bank \_\_\_\_\_ Contact Person \_\_\_\_\_

Account #: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan  Yes  No # \_\_\_\_\_

Bank Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Hauling Reference:**

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Fax # \_\_\_\_\_

**Credit References:**

Previous Truck/Trailer financed with: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Truck/Trailer financed with: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Fax # \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Fax # \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_ Acct # \_\_\_\_\_

Fax # \_\_\_\_\_

**PLEASE READ AND SIGN**

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of obligations, provides written instruction to Rocky Mountain Truck Center or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date