



CREDIT APPLICATION

Attn: Christine

BUSINESS NAME:		Years in Business:	
Contact:	Phone #:	Fax #:	
Mailing Address:	City:	State:	ZIP:
Email Address:	Business Structure: Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Propr. <input type="checkbox"/> LLC <input type="checkbox"/>		
Hauling Area: Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/>	Products Hauled:	Tax ID #:	
Annual Revenues:	# of Trucks Owned/ Leased:	# of Trailers Owned/ Leased:	

BUSINESS OWNER:		Soc. Sec. #	Home Phone:	
Address:		City:	State:	ZIP:
Time at Address: (Yrs/Mos)	Homeowner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Owner Operator?: Yes <input type="checkbox"/> No <input type="checkbox"/>	DOB:	Years Exp:
Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Defendant in Legal Action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Items Repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CREDIT FOR PURCHASES OF: <input type="checkbox"/> Refrigerated Truck Bodies <input type="checkbox"/> Parts <input type="checkbox"/> Repairs
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EQUIPMENT PURCHASE:	Year:	Model #:	Quantity:	Mileage:
Equipment Cost:	Cash/Trade:	Finance Amount:	Delivery Date:	
Addition <input type="checkbox"/> Replacement <input type="checkbox"/>	Financing Term (Mos):	Financing Structure: \$1.00 LEASE <input type="checkbox"/> TRAC <input type="checkbox"/> LOAN <input type="checkbox"/>		
Dealer/ Sales Rep:		Phone #:		

BANK REFERENCE:	Contact:	Account #:	Phone #:
Truck/Trailer Credit Reference:	Contact:	Account #:	Phone #:
Truck/Trailer Credit Reference:	Contact:	Account #:	Phone #:
Truck/Trailer Credit Reference:	Contact:	Account #:	Phone #:
Customer or Haul Reference:	Contact:	How Long?:	Phone #:

AUTHORIZATION: The undersigned has applied to Johnson Truck Bodies LLC or its assigns for extension of credit. This will be your authority and my request to release any information concerning personal or business credit standing, which may include but not be limited to, personal or business credit histories. Information to be released by telephone or fax.

Business Owner _____ Signature _____ Date _____