



CREDIT APPLICATION

M & T TRUCK SALES

P: 630-884-0085

FAX: 630-686-3988

RYAN@MT-TRUCKS.COM

Legal Business Name: _____ FEIN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Title: _____ Phone#: _____ Ext: _____

Mobile#: _____ Fax#: _____ Email Address: _____

Nature of your business and use of equipment: _____

Current Fleet Info: How many Tractors? _____ How many Trailers? _____

Type of Ownership: _____ Corp ☐ LLC ☐ Years in Business: _____

PRINCIPALS:

Title: _____ Ownership Percent: _____ % Title: _____ Ownership Percent: _____ %

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City: _____ ST: _____ Zip: _____ City: _____ ST: _____ Zip: _____

Phone Number: _____ Phone Number: _____

Social Security#: _____ Date of Birth: _____ Social Security#: _____ Date of Birth: _____

MC #: _____ MC #: _____

Homeowner? **Yes or No** Homeowner? **Yes or No**

HAUL REFERENCES: (5 YEARS)

First Time Owner: **Yes or No** If Owner Operator: How many years _____ Total Years Driving Experience: _____

Current Employer	City, State	Phone Number	Contact Name	# of Years
Previous Employer	City, State	Phone Number	Contact Name	# of Years
Previous Employer	City, State	Phone Number	Contact Name	# of Years

FINANCE REFERENCE:

Truck #1	Finance Company	City, State	Phone Number
Truck #2	Finance Company	City, State	Phone Number
Car/Mortgage	Finance Company	City, State	Phone Number

RELEASE: The undersigned expressly authorizes M & T Truck Sales and any of its agents and assignees to release all information requested concerning personal or company credit information/ratings by telephone or email or fax to M & T Truck Sales Truck Sales or any of its agents. This includes the review of each individual(s) consumer credit information, which may factor in the credit decision. To the best of my knowledge, all of the above information is accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____