



OWNER/ OPERATOR CREDIT APPLICATION

Date: _____ Submitted by: _____ Contact phone #: _____ Contact Fax #: _____

APPLICANT:

Surname		Given Names		Date of Birth MM DD YY		Social Insurance Number	
Street Address		City		Prov.	Postal Code	Home Phone # ()	
Present Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		How long at present address? ____ Years ____ Months		Cell Phone # ()		E-Mail Address	
Previous Address (if less than 2 years at present)				How long at previous address? ____ Years ____ Months			
Driver's License #		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Number of Dependents:	
Spouse's Name		Occupation		Annual Income \$		Social Insurance Number	

EMPLOYMENT AND REVENUE SOURCES:

How long have you been an Owner/Operator? ____ Years ____ Months	How long have you been operating equipment in total? ____ Years
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Incorporated Company Name (if any)		Incorporation Date	Tradestyle Name (if any)	
Currently contracted to (Name of primary employment source)		How long with this employer? ____ Years ____ Months	Contact Name	Contact Phone # ()
Rate of Pay \$ ____ per ____	Average Monthly Gross Revenue \$	Do you have a written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when does it expire? _____		Work Performed/Commodity Hauled
Secondary employment source (if any)		How long with this employer? ____ Years ____ Months	Contact Name	Contact Phone # ()
How many pieces of equipment do you own/lease? ____ Trucks ____ Trailers ____ Heavy Equipment				Do you employ others? (Y/N) ____ # ____

CREDIT INFORMATION:

1.) Have you ever had an asset repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		2.) Have you ever declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	
3.) Do you owe taxes for other than the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No		4.) Are you a party to any lawsuits or claims? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide details if you answered "yes" to any of the questions #d 1 through 4:			
Name of Bank:		Branch:	Contact Name:
			Contact Phone #: ()
Other Equipment Finance Reference:		Contact Name:	Contact Phone #: ()

EQUIPMENT TO BE FINANCED:

Qty.	New/Used	Year	Make	Model	Cost	P.S.T.	G.S.T.	Total
					\$	\$	\$	\$
					\$	\$	\$	\$
Total New Equipment Cost:					\$	\$	\$	\$



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Trade-In Details (if applicable)					Trade-In Allowance	P.S.T.	G.S.T.	
					\$	\$	\$	\$()
New Equipment Specs: _____ _____ _____					Add: Lien Payout(s)			\$
					Add Misc. Costs (specify) _____			\$
					Less: Cash Down Payment			\$()
					<u>Total to Finance</u>			\$

FINANCING TERMS REQUESTED:

Lease:

Term: _____ Months

Purchase Option: \$ _____ or _____ % after _____ Months

Conditional Sales Agreement :

Term: _____ Months

GST Balloon Payment: In _____ Month

Seasonal or Variable Payments requested (for either Lease or CSA): _____

ADDITIONAL INFORMATION:

The undersigned certifies the above information is correct, and by signing below consents to the obtaining from any credit reporting agency or credit granter such information as Right Trucks Sales & Service Ltd. may require at any time in connection with credit hereby applied for, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or credit granter with whom the undersigned has a financial relationship.

Applicant Signature