



Cheryl Juen F & I Director
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Salesman _____
 Amarillo, TX • Lubbock, TX • Fort Worth, TX, • Oklahoma City, OK
 Wichita Falls, TX • Odessa, TX • Hobbs, NM • Farmington, NM
 • Abilene, TX • Dallas, TX

Equipment Credit Application

Name of Corporation, Partnership, or Proprietorship – Use Legal Name		Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
Business Physical Address, City, County State, and Zip Code		State and Date of Incorporation	Federal Tax No. (E.I.N.)	
Business Telephone Number	Business Income (Annual)	Type of Business or Primary Use of Equipment		
		Number of Trucks Own	Trailers	
Principal's Name	Home Address, City, State, Zip, Phone, Date of Birth	Principal SS#	Title	% Ownership
Principal's Name	Home Address, City, State, Zip, Phone, Date of Birth	Principal SS#	Title	% Ownership
Principal's Name	Home Address, City, State, Zip, Phone, Date of Birth	Principal SS#	Title	% Ownership
Haul References or Business Income References		Equipment to be Garaged at (Street Address, City, State, and Zip)		
1.	Years Employed _____			
Contact Name	Phone ()			
2.	Years Employed _____	How Long as Owner/Operator	Purchaser to Drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact Name	Phone ()			
3.	Years Employed _____	Name, Address, Phone # of Driver		CDL# & SS# Driver
Contact Name	Phone ()			
Primary Bank Reference	Contact Telephone ()	Checking Account	Savings Account	Loan Numbers
Equipment Creditors	Account Number	Original Loan Amount	Monthly Payment	Person to Contact
Name				
Phone ()				
Name				
Phone ()				
Name				
Phone ()				
Name				
Phone ()				

All of the statements made in this application are true and correct and are made for the purpose of obtaining credit with Bruckner Truck Sales, Inc. and other Financing Companies. You are authorized to investigate my credit record, to verify my employment, income references, and to obtain such other information as deemed necessary.

Signature of Each Principal: _____