



Hodges Westside Truck Center. ♦ 11201 S. Grant Hwy ♦ Marengo, IL ♦ 60152 ♦ (815)923-0100 ♦ Fax (815) 923-0101

COMMERCIAL CREDIT APPLICATION

Legal Name of Entity: \_\_\_\_\_

d/b/a \_\_\_\_\_

Entity Type:  Corp.  L.L.C.  Sole Prop  Partnership FED TAX I.D.# \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bus. Phone #: \_\_\_\_\_ Bus.Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Years in Bus.: \_\_\_\_\_

Principal Business Activity: \_\_\_\_\_ # of employees: \_\_\_\_\_

PERSONAL GUARANTORS:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH GUARANTOR LISTED ABOVE:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

BANK REFERENCES:

Bank Name: \_\_\_\_\_ Personal Contact : \_\_\_\_\_

Address: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

VEHICLE LEASE/FINANCE REFERENCES

Name: \_\_\_\_\_ Personal Contact : \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Financed: \$ \_\_\_\_\_ # of Months: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Personal Contact : \_\_\_\_\_

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount Financed: \$ \_\_\_\_\_ # of Months: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Each of the undersigned certifies that the information requested above is accurate. The borrower named above, its owners and/or principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Hodges Westside Truck Center, separately or jointly with other creditors or lessors, for use in connection with the application for credit.

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

FAX COMPLETED APPLICATION BACK TO (815) 923-0101