



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