



Finance Credit Application

Finance Department Phone: 636-757-1593

Email: kmeara@craftsmentrailer.com

*Applicant/Guarantor Name: _____ Birth Date: ____/____/____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Years: _____ Phone #: _____ E-Mail: _____
 SSN#: _____ CDL?: Yes No US Citizen? Yes No
 Truck Driving Experience: Yrs. ____ Mo ____ Company Driver: Yrs. ____ Mo ____ Owner/Operator: Yrs. ____ Mo ____

***Any Co-Applicants need to complete a separate Credit Application.**

Company Legal Name: _____ LLC Corp Sole Prop.
 Business Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ E-Mail Address: _____
 Contact Person: _____ Title: _____ # of Owners: _____
 Federal Tax ID: _____ DOT or MC # _____ Date Established: ____/____/____

Trucks Owned: _____ # Currently Financed: _____ Total Balance Due: \$ _____
 # Trailers Owned: _____ # Currently Financed: _____ Total Balance Due: \$ _____

Haul / Carrier Reference Company Name	Contact Direct Phone #	Contact Name	Product Hauled
Truck/Trailer Loans: (Past or Current) Lender Name	Account / Loan #	Phone #	Equipment Year, Make & Model

Have you filed for bankruptcy in the past five years? Yes No Have you ever had a vehicle repossessed? Yes No

For the purpose of obtaining credit, the undersigned authorizes Craftsmen Trailer, LLC and any affiliated or unaffiliated bank, financial institution or other lender or lessor to conduct inquiries regarding the undersigned's business and individual credit histories as it may deem necessary including, without limitation, requesting credit bureau reports, contacting banks, secured lenders, lessors and trade creditors. I / We authorize all parties contacted by Craftsmen Trailer, LLC to verify the information contained in the application, and to release credit and financial information requested as part of said verification. I agree that anyone receiving a fax or photocopy of this document may act in reliance thereon. This application for credit is for business and not for personal, family, or household purposes.

Signature of Applicant: _____ Date: _____

Return completed application with a copy or photo of your CDL/driver's license.

Revised 2/2022