



Credit Application

Please complete all applicable fields. Incomplete information may delay credit approval.

CUSTOMER / BUSINESS INFORMATION

DATE	CUSTOMER / BUSINESS NAME	DOING BUSINESS AS	YEARS IN BUSINESS		
BUSINESS TYPE	STATE OF INCORPORATION	DATE INCORPORATED	FEDERAL TAX ID	DOT #	MC #
BUSINESS SIGNER / OWNER 1	% OWNERSHIP	BUSINESS SIGNER / OWNER 2	% OWNERSHIP		

APPLICANT / GUARANTOR INFORMATION

APPLICANT NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
CURRENT STREET ADDRESS	CITY / STATE / ZIP	COUNTY		
HOW LONG AT CURRENT ADDRESS - YEARS	MONTHS	MONTHLY RENT / MORTGAGE	CELL PHONE	EMAIL
HOUSING	MARITAL STATUS			
☐ Own ☐ Rent	☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced			

DRIVING / OPERATING INFORMATION

COMMERCIAL DRIVER'S LICENSE #	ISSUE STATE / PROVINCE	ISSUE DATE	EXPIRATION DATE
TRUCK DRIVING EXPERIENCE - YEARS / MONTHS	OWNER / OPERATOR EXPERIENCE - YEARS / MONTHS	STATE VEHICLE WILL BE TITLED	
APPLICANT WILL DRIVE THIS PURCHASE?	FIRST-TIME OWNER/OPERATOR?	FIRST TRUCK/TRAILER PURCHASE?	
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
TYPE OF GOODS HAULED	PRIMARY OPERATING AREA / ROUTES		

CREDIT / LEGAL INFORMATION

HAVE YOU EVER TAKEN BANKRUPTCY?	DEFENDANT IN ANY LEGAL ACTION?	ANY ITEM REPOSSESSED?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
IF YES TO ANY ABOVE, PLEASE EXPLAIN		

NEAREST RELATIVE NOT LIVING WITH YOU

NAME	RELATIONSHIP	PHONE	CITY / STATE

BANK REFERENCES

BANK NAME 1	PHONE	ACCOUNT NUMBER	ACCOUNT TYPE
CITY / STATE	CONTACT	BALANCE	DATE OPENED
BANK NAME 2	PHONE	ACCOUNT NUMBER	ACCOUNT TYPE
CITY / STATE	CONTACT	BALANCE	DATE OPENED



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CURRENT EQUIPMENT CREDIT

LENDER / INSTITUTION 1	PHONE	ACCOUNT NUMBER	BALANCE
YEAR / MAKE / MODEL	CONTACT	MONTHLY PAYMENT	DATE OPENED
LENDER / INSTITUTION 2	PHONE	ACCOUNT NUMBER	BALANCE
YEAR / MAKE / MODEL	CONTACT	MONTHLY PAYMENT	DATE OPENED

INCOME SOURCES

EMPLOYER / INCOME SOURCE 1	CONTACT NAME	PHONE	TIME WITH SOURCE
GROSS MONTHLY INCOME	% TOTAL MONTHLY REVENUE	COMMODITY HAULED	HAULED BETWEEN WHAT POINTS?
EMPLOYER / INCOME SOURCE 2	CONTACT NAME	PHONE	TIME WITH SOURCE
GROSS MONTHLY INCOME	% TOTAL MONTHLY REVENUE	COMMODITY HAULED	HAULED BETWEEN WHAT POINTS?

HAULING REFERENCES

Please list two companies, brokers, shippers, or customers that can verify hauling history.

HAULING REFERENCE 1 - COMPANY	CONTACT NAME	PHONE	TIME HAULING FOR THEM
EMAIL	FREIGHT / COMMODITY	APPROX. MONTHLY REVENUE	CONTRACT / DEDICATED LANE?
HAULING REFERENCE 2 - COMPANY	CONTACT NAME	PHONE	TIME HAULING FOR THEM
EMAIL	FREIGHT / COMMODITY	APPROX. MONTHLY REVENUE	CONTRACT / DEDICATED LANE?

EQUIPMENT BEING PURCHASED

CONDITION	EQUIPMENT TYPE			
☐ New	☐ Used	☐ Truck	☐ Trailer	☐ Other
YEAR	MAKE	MODEL	VIN / SERIAL NUMBER	
PURCHASE PRICE	DOWN PAYMENT	TRADE ALLOWANCE	AMOUNT REQUESTED	

TRADE INFORMATION - IF APPLICABLE

YEAR	MAKE	MODEL	VIN / SERIAL NUMBER
CURRENT LENDER	APPROX. PAYOFF	TRADE ALLOWANCE	PAID OFF?



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SPOUSE / JOINT APPLICANT - IF APPLICABLE

Complete if this is a joint application, spouse income/assets are relied upon, or otherwise required by applicable law.

SPOUSE / JOINT APPLICANT NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMPLOYER

POSITION

WORK PHONE

MONTHLY INCOME

DRIVER INFORMATION - IF APPLICANT IS NOT DRIVER

DRIVER NAME

DATE OF BIRTH

TRUCK DRIVING EXPERIENCE

DRIVER CDL #

ISSUE STATE / PROVINCE

ISSUE DATE

EXPIRATION DATE

DRIVER STREET ADDRESS

CITY / STATE / ZIP

CURRENT FLEET / EXPANSION

IS THIS ADDITIONAL EQUIPMENT?

IF YES, JUSTIFY EXPANSION OF FLEET

Yes

No

TRUCKS LEASED

TRUCKS OWNED

OWNER OPERATORS

TOTAL TRUCKS

AVG TRUCK FLEET AGE

TRAILERS LEASED

TRAILERS OWNED

TOTAL TRAILERS

AVG TRAILER FLEET AGE

OPERATION

OPERATION

Seasonal

Year-Round

APPLICANT AUTHORIZATION

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition of the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes Geis Dealer Group and/or any prospective creditor or financial institution to which this application may be submitted to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which such creditor or financial institution deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony.

I understand that Geis Dealer Group, and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

SIGNATURES

APPLICANT SIGNATURE - TYPE NAME

DATE

TITLE

SPOUSE / JOINT APPLICANT SIGNATURE - TYPE NAME

DATE

TITLE

Typed signature fields are provided for convenience; a creditor may require an ink or compliant electronic signature.

Once you've completed the credit application, please save the completed form and send it to our F&I Department at angie.lomax@geisdealergroup.com, or contact your salesperson for assistance