

Rep Name:
Direct Phone:
Cell:

Warner Truck Center (Freightliner of Utah)

2240 S. 5370 W. SLC, UT 84120
Ph:(801) 978-8000 Fax: (801) 956-2688

Commercial Loan Application

Guarantor of loan:

Customer Email _____

Name: _____ Social Security #: _____ Date of Birth: _____
 Physical Address: _____ Cell Phone: _____ Mo. PYMT: \$ _____
 City: _____ County: _____ Home Phone: _____ Rent or Own: _____
 State: _____ Zip: _____ Fax: _____ How Long? _____
 Mailing Address: _____ City: _____ State & Zip: _____
 Prior Bankruptcy? _____ Prior Repossession? _____ Tax Liens? _____ Unpaid Judgments? _____

Employment History (5 years)

How many years have you had a CDL? _____ CDL #: _____
 How many years have you been an Owner Op. ? _____ Company Driving Yrs ? _____

Where will you work this truck?

1st Haul Source (or current Boss)

2nd Haul Source (or previous Boss)

Company: _____	Company: _____	Company: _____
Phone # _____	Phone # _____	Phone # _____
	How Long? _____	How Long? _____
Contact name: _____	Contact name: _____	Contact name: _____

Previous Equipment Loans or Leases (where have you borrowed \$ before?)

Lender: _____	Lender: _____	Lender: _____
Phone # _____	Phone # _____	Phone # _____
Account #: _____	Account #: _____	Account #: _____

Your Business Information (tell us about YOUR company)

Co. Legal Name: _____	Fed Tax # (EIN): _____	DBA _____
Address: _____	Phone #: _____	LLC _____
City: _____ Zip: _____	Fax #: _____	Corporation _____
State: _____ County: _____	Date of Incorporation: _____	Partnership _____
Mailing Address: _____	State of Incorporation: _____	State: _____
City: _____	President _____	Ownership % _____
State: _____ Zip: _____	Vice President _____	Ownership % _____
	Secretary _____	Ownership % _____

How Many do you own now?

# Co. Trucks: _____	Type of Haul: _____	MC/ICC # _____	<u>Equipment for:</u>
# Co. Trailers: _____		IFTA # _____	First Purchase _____
# Owner / Op: _____		IRP # _____	Expansion _____
Titling Addr: _____		DOT # _____	Replacement _____
City: _____ State: _____		County: _____	

INSURANCE INFO

Agents Name: _____
 Phone #: _____
 Fax #: _____

3 PERSONAL REFERENCES

Phone #

Name: _____ ()
 Name: _____ ()
 Name: _____ ()

*** Proper insurance coverage MUST be provided BEFORE any equipment will be delivered... Please contact your agent!**

AUTHORIZATION Please submit last 2 yrs of Taxes, a current Financial Statement, and copy of CDL

The undersigned hereby authorizes the Warner Truck Centers, or any of its' agents or assignees, to request and receive any information from my creditors and my employers including, but not limited to, Credit Bureaus, DAC report, MVR, etc. I do hereby certify that the information I have provided is true and accurate. This authorization shall be effective from this signature date and is extinguished automatically upon full payment of any and all borrowing, if granted.

X _____
 Applicants Signature Title Date

