

# AZ Truck & Equipment

**Application Type:**

Individual  Business

**Transaction Type:**

Retail  Lease  Balloon

**Dealer Number**

APPLICANT INFORMATION

Last Name (or trade name of business)		First	Middle Initial	Suffix (Jr.)	Date of Birth	Soc. Sec. # (or Tax ID #)	
Home (or business) Phone Number	Cell Phone Number	Type of Enterprise <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Proprietorship		Type of Business	Years in Business Years _____ Months _____		
E-Mail Address		Present Address			Zip Code	City	State
Time at Present Address Years _____ Months _____	Residence Type <input type="radio"/> Owns Outright <input type="radio"/> Buying <input type="radio"/> Renting/Leasing <input type="radio"/> Family <input type="radio"/> Other				Monthly Rent/Mortgage Payment		

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Present Job Title		Present Employer	Employer Phone Number
Time at Present Job Years _____ Months _____	Gross Income	Income Received <input type="radio"/> Monthly <input type="radio"/> Yearly	

CO-APPLICANT INFORMATION

Last Name (or trade name of business)		First	Middle Initial	Suffix (Jr.)	Date of Birth	Soc. Sec. # (or Tax ID #)	
Home (or business) Phone Number	Cell Phone Number	Type of Enterprise <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> LLC <input type="radio"/> Proprietorship		Type of Business	Years in Business Years _____ Months _____		
E-Mail Address		Present Address			Zip Code	City	State
Time at Present Address Years _____ Months _____	Residence Type <input type="radio"/> Owns Outright <input type="radio"/> Buying <input type="radio"/> Renting/Leasing <input type="radio"/> Family <input type="radio"/> Other				Monthly Rent/Mortgage Payment		

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Present Job Title		Present Employer	Employer Phone Number
Time at Present Job Years _____ Months _____	Gross Income	Income Received <input type="radio"/> Monthly <input type="radio"/> Yearly	

## Signatures

I certify that the information stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or your assigns are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

SIGNATURES

We intend to apply for joint credit. Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ (initials only)

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_