



T.S.I. Truck Sales
 2155 SR 60 West
 Lake Wales, FL 33859
 www.tsitrucksales.com
 office: (863)678-9400 fax: (863)678-9406



Application for Extension of Credit

Please print clearly

I, _____, understand that this is an application for credit. I will answer ALL questions completely and honestly. I realize that if any information is not provided or if the information provided is not accurate, my application may be DENIED.

Social Security Number: _____ **Birth Date:** _____

Address: _____ (Street Address)
 _____ (city/state/zip code)

Home Phone # _____

Cell Phone # _____

Year(s)/months(s)/at the above address _____ (years) _____ (months)

I currently OWN / RENT (circle one)

Information about mortgage holder/landlord is as follows:

_____ phone #
 _____ (street address)
 _____ (city/state/zip code)

(If FL resident) County _____.

EMPLOYMENT INFORMATION

Currently working for: _____ (employer)
 _____ (street address)
 _____ (city/state/zip code)

Contact Person: _____ Phone # _____

How long have you worked for this company? _____

HOW CAN YOU BE REACHED

If I am not at home, I can be reached at the following numbers:

Cell phone# () _____

Dispatcher's # () _____

In the event you cannot be reached, list two friends or relatives, not living with you, We may contact.

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

DRIVER INFORMATION

Are you CDL licensed? Yes _____ No _____ If yes, License # and state: _____

Is this the first time you will own a truck and/or trailer? Yes _____ No _____

Gross income for the past year: _____ Expenses: _____

Average net monthly income for the next year (estimate): _____

If you will not be the driver of the truck, provide the following information:

Drivers full name: _____

Drivers address: _____

Drivers Phone # _____

What type of freight will you be hauling? _____

If you have previously financed a truck and/or trailer, provide the following information:

Financed by: _____

Amount financed: _____

When: _____

BANK REFERENCE

Bank: _____

Account#: _____

Contact#: _____

Phone#: _____

CREDIT/TRADE REFERENCE

Creditor: _____

Account# _____

Contact#: _____

Phone#: _____

APPLICANT SIGNATURE

I, the undersigned, hereby authorize Tom Sweeney Inc (T.S.I) and their assignees and, or designees to make whatever credit inquiries it deems necessary in processing the foregoing credit application or with respect to and review of collection of any credit extended in reliance on such application. I hereby authorize any person or credit-reporting agency to compile and furnish to T.S.I any information it may have, or obtain in response to such credit inquiries.

All information provided in this application is declared to be true representation of the facts made for the purpose of obtaining credit and any willful misrepresentation on this application could result in criminal action.

Applicants Signature _____ Date _____

*****PLEASE READ*****

Before submitting application you will need the following documents

- (1) 3 Month bank statements
- (2) 2 Years tax returns
- (3) Copy of Identification
- (4) Email Address