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FAX COMPLETED APPLICATION TO:  
 815-366-8281

# Finance Application

## Applicant Information

Name of Borrower				Phone ( )			
Address				Cell ( )			
City		State		Zip		County	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Pymt. \$	How long? ___ Yrs ___ Mo.		If less than 5yrs provide previous address below		Social Security# or Tax ID#	
Previous Address				How Long? ___ Yrs ___ Mo.		City	
Driver Lic. #				State		Annual Income \$	
Current Fleet Trucks ___ Trlr ___		How long as owner/op? ___ Yrs ___ Mo.		Driving Experience? ___ Yrs ___ Mo.		First time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership		<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC/LLP		<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp		Year Started? _____	
Owner/Guarantor Name				% Owned		Title	
Address				City		State Zip	
2nd Owner Name				% Owned		Title	
Address				City		State Zip	
Nearest Relative & Relationship				Address			
				Phone ( )			

## Credit References

Bank Name		Acct#	Contact	Phone ( )
Truck Finance Reference	Collateral	Acct#	Contact	Phone ( )
Equipment Finance Co.	Collateral	Acct#	Contact	Phone ( )
Major Trade Reference		Goods Purchased	Contact	Phone ( )

## Hauling References

Company	How Long? ___ Yrs ___ Mo.	Product	Contact	Phone ( )
Company	How Long? ___ Yrs ___ Mo.	Product	Contact	Phone ( )

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCE APPLICATION IS TRUE AND CORRECT AND AUTHORIZES GRAFF TRUCK CENTERS INC, ITS AFFILIATES , ANY LENDING INSTITUTIONS AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND TO OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. GRAFF TRUCK CENTER, INC. MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH GRAFF TRUCK CENTER INC. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY GRAFF TRUCK CENTERS INC, ITS AFFILIATES , ANY LENDING INSTITUTIONS, OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date

APPLICATION MUST BE ACCOMPANIED BY AUTHORIZATION FORM AND COPY OF VALID LICENSE TO BE CONSIDERED  
 FAX COMPLETED APPLICATION TO 815-366-8281



Graff Truck Center, Inc.  
1401 S. Saginaw St.  
Flint, MI 48503  
810-239-8300  
www.grafftruckcenter.com

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## AUTHORIZATION TO RELEASE INFORMATION

By signing below, the undersigned individual as principal of and/or guarantor for the application, authorizes Graff Truck Center, Inc. to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

It is further authorized that Graff Truck Center, Inc. and it's assigns may make whatever credit inquiries it deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance of this application. Authorization is given that any bank, credit union, lending institution, supplier person or consumer reporting agency should comply and furnish any information it may have or obtain in response to such credit inquiries.

A legible photocopy of valid license must accompany this form.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CHALLENGE QUESTION: \_\_\_\_\_

CHALLENGE ANSWER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*A FAX OR PHOTOCOPY OF THIS AUTHORIZATION WILL BE  
CONSIDERED AS ORIGINAL.**

Fax completed forms and copy of operator's license to **815-366-8281**  
All 3 must be sent for credit to be considered.