



Trucking Application

Phone: (888)256-4715
Fax: (888)368-8358

Customer Information

Legal Name of Company: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____ Date Started: _____
 Phone: _____ Fax: _____ Date Started Under Current Ownership: _____
 Company Profile: Non-profit Corporation Partnership
 Proprietorship LLC Other
 Federal Tax ID: _____

Industry Information

DOT #: _____ MC #: _____ Long Haul Local
 # of Trucks in Fleet : _____ Year CDL Obtained: _____
 Name of Carrier (if applicable): _____

Owner Information (list all owners and/or personal guarantors)

Name:			
Home Address:			
City, State, Zip:			
Soc Sec No:			
Date of Birth			
Title:			
% Owned:			
Signature			

Personal Credit History

Filed for bankruptcy? If Yes, Year? _____ Yes No
 Do you rent or own your home? Rent Own
 Have any open tax liens? Yes No
 Any late pays or collections on leases/loans? Yes No
 Have any open judgments or suits? Yes No
 Married? Yes No

Historical Commercial Credit

Lender: _____ Original Amount: _____ Date Opened: _____
 Lender: _____ Original Amount: _____ Date Opened: _____

Declaration

Applicant warrants that all credit and financial information submitted to Axle LLC herewith or at any time is true and correct, and authorizes Axle LLC and/or its assigns, to investigate applicant's credit worthiness as may needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail, email, or facsimile as requested, for the purpose of securing financing.

Customer Name: _____ Title _____
 Customer Signature: _____ Date _____