

Dealer Name: _____

Check All That Apply: 1st Time Buyer Previous Ownership Experience New Vehicle Used Vehicle

Name of Individual or Partnership:		Res. Phone:		e-mail:	
Cell Phone:		Pager:		Pager ID:	
Physical Address:		City:	County:	State:	Zip:
Mailing Address:		City:	County:	State:	Zip:

APPLICANT INFORMATION:

Have you ever financed with DCS: <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of trucks you currently: Operate: _____ Own: _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Date of Birth:		I am going to operate this vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Years of Driving Experience		Years As Owner/Operator		Years As Company Driver	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	Commercial Driver's License No.	State	Exp.Date	Date First CDL Issued	State
Co-Purchaser's Name:			Co-Purchaser's SSN:		
Co-Purchaser's Employer	City / State	Contact Name	Phone #	# of Years	Annual Income \$

HOME OF PRINCIPAL

<input type="checkbox"/> Own/Buying \$ _____ per month	Mortgage/Property taxes \$ _____	<input type="checkbox"/> Renting \$ _____ per month	<input type="checkbox"/> Live with Relatives Relative's Name: _____ Relative's Phone #: _____		
Nearest Relative Not Living with You: Name:					
Street Address:		City:	State:	Zip:	Phone:

INSURANCE INFORMATION

Name of Truck Insurance Co.	Insurance Agent's Name:
Policy Number:	Phone Number:

TRUCK TO OPERATE FOR WHOM?

Where will the truck be leased on?	Person to Contact for Verification:	Phone Number:
Avg. Monthly Miles to be Driven?	Monthly Revenue \$ _____	Paid: ____/mile ____% of gross
Products to be Hauled:		<input type="checkbox"/> Written contract <input type="checkbox"/> Oral contract

EMPLOYMENT / TRUCK DRIVING EXPERIENCE (include last 2 years as a minimum)					
Name of Current Employer		City / State		Phone Number	
Contact Name	No. of Years	No. of Months	Annual Income \$	Check one: Company Driver <input type="checkbox"/>	
				Owner/Operator <input type="checkbox"/>	
Previous Employer #1	City/State	Contact Name	Phone #	Dates of Employment (mm/yy) (mm/yy) -	Annual Income \$
Previous Employer #2	City/State	Contact Name	Phone #	Dates of Employment (mm/yy) (mm/yy) -	Annual Income \$
\$ _____ ANNUAL INCOME FROM ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE - PAYMENTS NEED NOT BE REVEALED IF YOU DO NOT CHOOSE TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.					
Other Annual Income \$	Source		Contact	Phone	
TRUCK AND TRAILER CREDIT					
Who Financed Previous Truck and/or Trailer Purchases?					
Company	Phone Number		City / State	Account #	
WA Residents: Indicate any other name(s) under which credit references and/or credit history may be verified:					
Legal Actions:	Prior Bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Tax Liens: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lawsuits Pending: <input type="checkbox"/> Yes <input type="checkbox"/> No		
BANK INFORMATION					
Company	Phone Number	City	State	Account #	Contact

CALIFORNIA: An applicant, if married, may apply for a separate account.

RHODE ISLAND, MAINE, NEW YORK: A consumer report may be requested in connection with this application. Upon request, applicant will be informed whether or not a consumer report was requested, and if a report was requested, the name and address of the consumer reporting agency that furnished the report.

OHIO: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civic Rights Commission administers compliance with this law.

NEW HAMPSHIRE: Applicants for balloon note contracts are entitled, upon request, to receive a written estimate of the monthly payment amount for balloon payment refinancing in accordance with current refinance programs. These programs, however, are subject to change at any time.

WISCONSIN MARITAL INFORMATION STATEMENT: (Must be filled in by Wisconsin Residents)

Spouse's Name (If Other than Co-Applicant)			Is Co-applicant your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage
Spouse's Address			<input type="checkbox"/> Legally Separated	Date of Decree of Legal Separation _____	
City	State	Zip Code	<input type="checkbox"/> Unmarried - The term "Unmarried" includes Single, Divorced or Widowed Persons.		

Notice to Married Applicants: No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement) under Section 766.587 of the Wisconsin Statutes, unilateral statement under section 766.59 or the Wisconsin Statutes, or court order under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor unless the creditor receives a copy of the agreement, statement, or order or has actual knowledge of the adverse provision before extending or agreeing to extend the credit you are requesting. Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application? Check appropriate box:

No Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

Notice to Non-Applicant Spouse (Married Applicants only.): If the credit applied for is individual credit, or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

Statement of Purpose: For a married applicant applying for individual credit or for joint credit with an applicant who is not your spouse: The credit requested, if granted, will be incurred in the interest of my marriage or family.

Signature of Applicant: _____ **Date:** _____



Please fill out the first 3 pages of this form as completely as possible. Your signature is not required until the form is submitted and has been approved. By submitting this form, you agree to the terms outlined in this form.

Fax the form after completion to: (308) 632-5634