

# McCOY FREIGHTLINER CREDIT APPLICATION

9622 NE Vancouver Way Portland, OR 97211  
(503) 283-0345 • Fax 503-978-8138



Please complete and fax to 503-978-8138 or e-mail to Finance@pdxftl.com

Interested in: New Used Salesperson you are working with \_\_\_\_\_

## Business Information

Your email \_\_\_\_\_

LLC Sole Proprietorship Corporation Tax ID \_\_\_\_\_ USDOT# \_\_\_\_\_

Company Name \_\_\_\_\_ Date Formed \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

# of Trucks Owned \_\_\_\_\_ # of Trailers Owned \_\_\_\_\_ # of Vans Owned \_\_\_\_\_

## Owner Information

Principal Owner \_\_\_\_\_ Title \_\_\_\_\_ Percent Owned \_\_\_\_\_

Social Security \_\_\_\_\_ D.O.B. \_\_\_\_\_

Drivers Lic. Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

At Current Address for \_\_\_ Yr \_\_\_ Mo Rent Own Contact Phone \_\_\_\_\_

Time in Business \_\_\_\_\_ Time in industry \_\_\_\_\_

Additional Owner \_\_\_\_\_ Title \_\_\_\_\_ Percent Owned \_\_\_\_\_

Social Security \_\_\_\_\_ D.O.B. \_\_\_\_\_

Drivers Lic. Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

At Current Address for \_\_\_ Yr \_\_\_ Mo Rent Own Contact Phone \_\_\_\_\_

Time in Business \_\_\_\_\_ Time in industry \_\_\_\_\_

## Haul References / Employment History (5 Years)

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ How Long? \_\_\_\_\_ Yr \_\_\_\_\_ Mo

Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Financial History**

Any Repossessions? Yes No If Yes, When? \_\_\_\_\_  
Bankruptcy? Yes No If Yes, When? \_\_\_\_\_  
Tax Liens? Yes No If Yes, When? \_\_\_\_\_

**Credit References**

Equipment Financing & Business Loans (No credit cards)  
This area must be completed!

Lender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_  
Equipment: \_\_\_\_\_ Amount Funded: \_\_\_\_\_  
Lender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_  
Equipment: \_\_\_\_\_ Amount Funded: \_\_\_\_\_  
Lender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Account#: \_\_\_\_\_  
Equipment: \_\_\_\_\_ Amount Funded: \_\_\_\_\_

Insurance Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Term Requested: \_\_\_\_\_ /Mo. Down Payment \$ \_\_\_\_\_

By Signing below, the undersigned individual, who is either a principal of and/or guarantor of the credit applicant, authorizes McCoy Freightliner, it's assignees and/or designees to review his/her personal credit profile from national credit Bureaus. The undersigned individual also authorizes the release of all deposit, borrowing and trade information and certifies that all information provided is true and correct. A copy or fax of this authorization shall be valid as original. Applicant has right to request written reason for denial within 60 days of decline.

Signatures (Required)

By \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Date \_\_\_\_\_

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