

# CREDIT APPLICATION

## McCOY FREIGHTLINER

Your Salesperson: \_\_\_\_\_



Email App. to [finance@pdxftl.com](mailto:finance@pdxftl.com)  
**(503) 283-0345**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS INFORMATION

LLC Sole Proprietorship Corporation Company Name: \_\_\_\_\_ Date Formed: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ US DOT#: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Number of Trucks Owned: \_\_\_\_\_ Number of Trailers Owned: \_\_\_\_\_ Number of Vans Owned: \_\_\_\_\_

### OWNER INFORMATION

Principal Owner: \_\_\_\_\_ Title: \_\_\_\_\_ Percent Owned: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Personal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
At Current Address for: \_\_\_\_\_ Yr. \_\_\_\_\_ Mo Rent Own Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years in Industry: \_\_\_\_\_

### HAUL REFERENCES OR DRIVING EXPERIENCE

Company: \_\_\_\_\_ How Long?: \_\_\_\_\_ Yr. \_\_\_\_\_ Mo.  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ How Long?: \_\_\_\_\_ Yr. \_\_\_\_\_ Mo.  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### FINANCIAL HISTORY

*Have you experienced any of the following:*  
Repossessions? Yes No If Yes, When? \_\_\_\_\_  
Bankruptcy? Yes No If Yes, When? \_\_\_\_\_  
Tax Liens? Yes No If Yes, When? \_\_\_\_\_

### CREDIT REFERENCE #1 (Equipment & Business Loans, No Credit Cards)

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

### CREDIT REFERENCE #2 (Equipment & Business Loans, No Credit Cards)

Lender Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Account #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
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 application, 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.

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
SIGNATURE REQUIRED

\_\_\_\_\_  
DATE

**PORTLAND**  
9622 NE Vancouver Way  
Portland, OR 97211

**SALEM**  
4060 Interstate Pl. NE  
Salem, OR 97303

**SELECTRUCKS OF PORTLAND**  
9111 NE 4th Ave.  
Portland, OR 97211

**SPRINTER CENTER**  
2323 NE Columbia Blvd.  
Portland, OR 97211