

CREDIT APPLICATION

McCoy FREIGHTLINER

Your Salesperson: _____



Email App. to finance@pdxftl.com
(503) 283-0345

Full Name: _____ Phone: _____ Email: _____

Social Security #: _____ DOB: _____ Drivers License #: _____ License State: _____

Street Address: _____ City: _____ State: _____ Zip: _____

At Current Address for: ____ Yr. ____ Mo Rent Own

EMPLOYMENT INFORMATION *(Must Total 3 Years Employment History)*

Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo.

2nd Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo.

3rd Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo. Gross Income: _____/Month

2ND APPLICANT INFORMATION

Full Name: _____ Phone: _____ Email: _____

Social Security #: _____ DOB: _____ Drivers License #: _____ License State: _____

Street Address: _____ City: _____ State: _____ Zip: _____

At Current Address for: ____ Yr. ____ Mo Rent Own

EMPLOYMENT INFORMATION *(Must Total 3 Years Employment History)*

Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo.

2nd Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo.

3rd Employer: _____ Employer Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Time in Position: ____ Yr. ____ Mo. Time in Industry: ____ Yr. ____ Mo. Gross Income: _____/Month

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, its 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.

APPLICANT FULL NAME

SIGNATURE REQUIRED

DATE

2ND APPLICANT 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