APEX TRAILER SALES, INC.

CREDIT APPLICATION

Ted Covington 812-283-3325 x 131

email: tcovington@apextrailer.net

Legal Business Name _____

Address _____ City _____ State _____ Zip _____

Contact _____ Title _____ Tele # _____ EXT:____

E mail_____ Equipment Location: _____

Nature of your business and use of equipment: _____ Fed ID#_____

Type of Ownership: Proprietorship _____ Partnership _____ Corporation _____ Date YOU started the Business: _____

PRINCIPALS:

Name _____ Co-owner_____

Home Address _____ Home Address _____

City _____ ST _____Zip _____ City _____ST_____Zip_____

Home Phone _____ Home Phone _____

Cell Phone_____ Cell Phone_____

E mail_____ E mail_____

Social Security # _____ Social Security # _____

Date of Birth: _____ Date of Birth:_____

Title_____ Ownership Percent _____% Title_____ Ownership Percent_____%

EQUIPMENT OWNED

Number of semi-trucks_____ **Number of semi-trailers**_____**Number of medium duty trucks**_____

TRUCKS / TRAILERS FINANCED OR LEASED (IF MORE THAN 2 PLEASE INCLUDE SEPARATE SHEET)

Finance co. _____ Acct# _____ Open Date: _____Tele # _____

Finance co. _____ Acct# _____ Open Date: _____Tele # _____

MAJOR HAULING REFERENCES: THIS SECTION MUST BE COMPLETED, IF APPLICABLE (Minimum of 2 years of references needed)

Company Name _____ Telephone # _____

Contact _____Position _____ Start Date _____

Company Name _____ Telephone # _____

Contact _____Position _____ Start Date _____

DRIVING EXPERIENCE: THIS SECTION MUST BE COMPLETED, IF APPLICABLE

Company Driver: _____ years Owner Operator: _____years

RELEASE: To Whom This May Concern; this will be your authority and my request for you to release any and all information requested concerning personal or company credit information / ratings by telephone or fax. To the best of my knowledge, all information contained herein is accurate and true.

SIGNATURE _____ **Date**_____

APEX Trailer Service & Sales