

# ARROW TRUCK SALES

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## PERSONAL CREDIT APPLICATION

BRANCH

SALESMAN

SALESMAN NO.

### PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF APPLICATION
SOCIAL SECURITY NUMBER	CDL NO.	DATE OF BIRTH	MARRIED SEPARATED UNMARRIED
ADDRESS	HOME PHONE	CELL / PAGER NUMBER	NO. OF DEPENDENTS
CITY, STATE, ZIP CODE	COUNTY	HOW LONG AT THIS ADDRESS? YES AREA?      YES.	HOW LONG IN AREA?      YES.
OWN MORTGAGE COMPANY OR LANDLORD NAME RENT	MORTGAGE OR LANDLORD PHONE NO.	FORMER ADDRESS (IF LESS THAN FIVE YEARS) CITY, STATE, ZIP CODE	HOW LONG?
BUSINESS NAME FOR TITLING PURPOSES, IF APPLICABLE ( <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION)	BUSINESS TAX I.D. NUMBER	BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)	BUSINESS PHONE NUMBER
NEAREST RELATIVES NOT LIVING WITH YOU	ADDRESS	PHONE NO.	RELATIONSHIP
SELF			
SPOUSE			

SPOUSE	HAVE YOU EVER TAKEN BANKRUPTCY? NO YES-EXPLAIN BELOW	ARE YOU SUBJECT TO ANY TAX LIENS? NO YES-EXPLAIN BELOW	ARE YOU A DEPENDANT IN ANY LEGAL ACTION? NO YES-EXPLAIN BELOW	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? NO YES-EXPLAIN BELOW
EXPLANATION:				

### COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSES INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE.

SPOUSES NAME (FIRST, M.L., LAST)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
SPOUSES EMPLOYER	POSITION HELD	HOW LONG?

### EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)

1. NAME OF COMPANY	PHONE NO.	POSITION HELD	HOW LONG?
2. NAME OF COMPANY	PHONE NO.	POSITION HELD	HOW LONG?
3. NAME OF COMPANY	PHONE NO.	POSITION HELD	HOW LONG?

### TRUCK OWNERSHIP AND USAGE

PREVIOUS TRUCK OWNER?	YES	NO	IF FINANCED, NAME AND CITY OF LENDER (MOST RECENT)	PURCHASER TO DRIVE? YES	NO	IF NO, COMPLETE SECTION BELOW ABOUT PERSON WHO WILL DRIVE
HOW MANY?	FINANCED?	YES	NO			
TRUCK TO WORK FOR - COMPANY NAME, CITY AND STATE	CONTACT	PHONE NO.				
ADDITIONAL HAUL (IF APPLICABLE) - COMPANY NAME, CITY AND STATE	CONTACT	PHONE NO.				

### DRIVER INFORMATION, IF DIFFERENT FROM APPLICANT

DRIVER'S NAME (FIRST, M.L., LAST)	ADDRESS	CITY, STATE, ZIP CODE
SOCIAL SECURITY NUMBER	PHONE NO.	CDL NO.
		PREVIOUS EMPLOYER - NAME & PHONE NO.

