



470 Old Hawkinsville Road \* PO Box 446 \* Bonaire, GA 31005  
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 info@superlawntrucks.com \* www.superlawntrucks.com

COMPANY NAME:			TAX ID #:		PHONE #:
ADDRESS:			TYPE OF ENTITY (Proprietorship, Partnership, C-Corp, S-Corp)		
CITY:	STATE:	ZIP:	COUNTY:	DATE INCORPORATED AND STATE:	
MATERIALS HAULED:			YEARS IN BUSINESS:	PRESENT MGMT. IN PLACE SINCE:	
DESCRIPTION OF BUSINESS:			YEARS OF INDUSTRY EXPERIENCE:	# OF EMPLOYEES	

IMPORTANT! INCLUDE REFERENCES FROM CURRENT AND PAST TRUCK/TRAILER LEASES/LOANS IN THE SECTION BELOW.

LESSOR/CREDITOR	PHONE#	YR. ACCT. OPENED	ORIGINAL BAL.	CURRENT BAL.	MO. PMT.	EQUIPMENT/COLLATERAL
BANK NAME:		YR. ACCT. OPENED:		CHECKING ACCT. #	CHECKING ACCT. BALANCE	
PHONE #:		CONTACT:		LINE OF CREDIT-LIMIT:	LINE OF CREDIT AVAILABLE:	
EVER BEEN BANKRUPT? YES NO		EVER HAD A REPOSESSION? YES NO		ARE ANY TAXES CURRENTLY PAST DUE? YES NO		
REQUIRED FOR LEASING-INSURANCE CARRIER			CONTACT		PHONE #	
MAJORITY OWNER NAME:			PERCENT OWNERSHIP:		DATE OF BIRTH:	
ADDRESS:			HOME PHONE:		SOCIAL SECURITY#	
CITY:	STATE	ZIP	MONTHLY INCOME:		MONTHLY HOUSING PAYMENT	
DO YOU OWN OR RENT CURRENT RESIDENCE?			TIME AT CURRENT RESIDENCE? (Yrs / Mo)		PERSONAL NET WORTH (exclude value of business)	
NAME OF RELATIVE OR ACQUAINTANCE NOT RESIDING WITH YOU:			RELATIONSHIP:		TELEPHONE:	
ADDRESS:			CITY	STATE	ZIP:	
SECOND OWNER/GUARANTOR NAME:			SOCIAL SECURITY #:		DATE OF BIRTH:	
ADDRESS:			CITY	STATE	ZIP:	

The information given above is true and complete. Associates Commercial Corporation may receive from and disclose to other persons, including credit-reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to Associates Commercial Corporation, credit experience and account information on Applicant. This shall be continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Associates Commercial Corporation, or any person requested to release such information to Associates Commercial Corporation.

By: \_\_\_\_\_ (Signature)      By: \_\_\_\_\_ (Please Print Name)      Date: \_\_\_\_\_

**FOR DEALER USE ONLY**

DEALER: \_\_\_\_\_ CONTACT: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CHASSIS PRICE: \_\_\_\_\_ BODY PRICE: \_\_\_\_\_

QTY	NEW/USED	YEAR	MAKE	MODEL	DESCRIPTION OF BODY & ATTACHMENTS	TOTAL SALES PRICE	DEALER COST

MILEAGE: \_\_\_\_\_ TOTAL SELLING PRICE: \_\_\_\_\_ CURRENT PRIME RATE: \_\_\_\_\_  
 VIN #: \_\_\_\_\_ NET TRADE INS: \_\_\_\_\_ PAYMENT FACTOR: \_\_\_\_\_  
 GVW: \_\_\_\_\_ DOWN PAYMENT: \_\_\_\_\_ FINANCE/LEASE PMT: \_\_\_\_\_

\_\_\_\_\_ Open End/Non Maintenance Finance Lease      Admin Fee: \_\_\_\_\_      TERM: \_\_\_\_\_  
 \_\_\_\_\_ 3-Party Conditional Sales Contract      Advance Rentals: \_\_\_\_\_      Residual/Balloon: \_\_\_\_\_  
 \_\_\_\_\_ Closed End Lease      Amt. Financed/Capcost: \_\_\_\_\_      Add/Replace Truck: \_\_\_\_\_