



**1610 Peach Parkway \* Fort Valley, GA 31030**  
**478-822-9704 \* 478-822-9707 fax \* 1-866-923-0027 (toll free)**  
**sales@superlawntrucks.com \* www.superlawntrucks.com**

COMPANY NAME:			TAX ID#:	PHONE#:
ADDRESS:			TYPE OF ENTITY (Proprietorship, Partnership, C-Corp, S-Corp)	DATE INCORPORATED AND STATE:
CITY:	STATE:	ZIP:	COUNTY:	GROSS ANNUAL INCOME - ALL SOURCES:
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 REPOSSESSION? 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 busi ness)

NAME OF RELATIVE OR ACQUAINTANCE NOT RESIDING WITH YOU:	RELATIONSHIP:	TELEPHONE:
ADDRESS:	CITY	STATE
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: _____