

# AMERICAN TRAILER EXCHANGE, INC.

2014 Old Covington Hwy SW, Conyers, GA 30012

Phone: 678-750-7000

Toll Free: 888-353-6877

Fax: 678-750-7001

**CREDIT APPLICATION**

**TYPE OF TRAILERS NEEDED:**

Business Name	Federal ID #	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor	Year Started:	# of Tractors Own/Lease:
Address:	City:	State/Zip:	Business Phone #	# of Owner/Operators
Bank Name/Address:		Business Checking Acct #	Bank Phone #	Contact:

**INDIVIDUAL / GUARANTOR**

Full Name:	Social Security #	Birthdate:	Home Phone #
Home Address:	City:	State/Zip:	Time at Present Address:
		Years:	Months:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Landlord/Mortgage:	Market Value:	Monthly Payments:
Occupation:	Length of Employment:	Work Phone #	Gross Income:

Nearest Relative Not Living With You (Include Phone #)	Nearest Friend Not Living With You (Include Phone #)
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Nature of Work Which Vehicle Will Be Used:

Contract With Whom: (Written or Verbal)	Address:	How Long Have You Had Contract:	Phone #
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Haul References:	Phone #	Contact:

Bank Name / Phone #	Checking Acct #	Savings Acct #	Loan Acct #	Contact:
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Equipment Financed @	Account #	Phone #	Contact:

Credit References:	Account #	Phone #	Contact:

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes American Trailer Exchange (or its assignee), and any other third party financing firm for which the obtaining of trailer financing is sought, and any credit bureau to investigate the references and other information provided by applicant on the above credit application. The undersigned authorizes all parties contacted to release credit and financial information requested. The undersigned individual, who is a principal of the applicant business, also authorizes any of the investigating parties mentioned above to review his/her personal credit profile from a national credit bureau for the purpose of considering this application and, subsequently, for updating, renewing or extending additional credit, or for the purpose of collecting the resulting account.

A fax or photocopy of this authorization shall be valid as the original.

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_ **Fax to: 678-750-7001**