

MCDEVITT TRUCKS, INC.

INDIVIDUAL FINANCE APPLICATION

APPLICANT INFORMATION

Name		Street Address		
City	County	State	Zip	E-Mail Address
Phone #	Fax #		Cell Phone #	
Social Security #	Date of Birth	Is This Your 1st Truck ___ Yes ___ No	If No, How Many Trucks Do You Own	
Owner Operator Experience ___ Years	Total Driver Experience ___ Years	Describe Trucks Currently Owned		

PREVIOUS DRIVING EXPERIENCE (2 YEARS MINIMUM)

Company Name	City	State
Phone #	How Long ___ Years	Contact Name

NEAREST RELATIVE NOT LIVING WITH YOU

Name & Relationship Of Nearest Relative Not Living With You		Street Address		
City	State	Zip	Phone #	

CREDIT REFERENCES

Bank Name		City
State	Zip	Bank Phone #
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #	Account #
Truck/Equipment Creditor Name	Truck/Equipment Creditor Phone #	Account #

WORK SOURCE

Company Truck Will Work For	Product Hauled	Contact Name	Contact Phone #
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THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCE APPLICATION IS TRUE AND CORRECT. MCDEVITT TRUCKS, INC. MAY RECEIVE FROM AND DISCLOSE TO OTHER PERSONS, INCLUDING CREDIT REPORTING AGENCIES, INFORMATION ABOUT APPLICANT'S ACCOUNTS AND CREDIT EXPERIENCE. APPLICANT AUTHORIZES ANY PERSON TO RELEASE TO MCDEVITT TRUCKS, INC., ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE, CREDIT EXPERIENCE AND ACCOUNT INFORMATION ON APPLICANT. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY MCDEVITT TRUCKS, INC., ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

SIGNATURE _____

DATE _____