



SALES CREDIT APPLICATION

TULSA, OK
N LITTLE ROCK, AR

OKLAHOMA CITY, OK
SILOAM SPRINGS, AR

FORT SMITH, AR
TEXARKANA, AR

PRIMARY CUSTOMER

Company Legal Name:		Customer: (Full name as listed on DL)		Date of Birth: / /	SSN#
Address: (List physical and mailing address)			Phone:	Fax:	Cell:
City:	State:	Zip:	Own or Rent?	E-Mail Address:	

Co-Signer / Guarantor(s) / Co-Purchaser / Co-Owner

Name: (Full name as listed on DL)		Date of Birth: / /	SSN#	Fed. Tax ID#
Address: (List physical and mailing address)		Own or Rent?	City:	State: Zip:

Operating Information:

# of Trucks:	#Owned:	#Leased:	# of Trailers:	#Owned:	#Leased:
Federal Tax ID#:	Experience as Owner-Mo/Year:	Experience as Driver-Mo/Year:	Commercial Driver's License #:		
Type of Legal Entity: Corporation, LLC, Sole Proprietor, Other?		State of Organization:	Month and Year Established:		
Previously filed for Bankruptcy: Yes () No ()	Bankruptcy Date: / /	Bankruptcy Type:	Previous Repossessions: Yes () No ()	Date: / /	

**Haul References-Trucking company and/or Brokers you currently haul or hauled freight for in the past:
(Need at least 3 years of driving history if available-the more the better)**

Business Name:	Contact Name:	Phone:	Start Date: / /	Mo. Income: \$	Material Hauled:
Business Name:	Contact Name:	Phone:	Start Date: / /	Mo. Income: \$	Material Hauled:
Business Name:	Contact Name:	Phone:	Start Date: / /	Mo. Income: \$	Material Hauled:

Truck or Trailer Loans: (Past and Current-even if paid off)

Name of Finance Company:	Contact Name:	Phone:	City:	State:
Name of Finance Company:	Contact Name:	Phone:	City:	State:

Other Loans & Installment Obligations:

Bank Name:	Phone:	Account#:	Balance Unpaid: \$	Monthly Payment: \$
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Other Information:

Spouse Name:	Phone:	Position:	Start Date:	Monthly Income: \$
Employer:	City, State, Zip:		Contact:	
Additional Comments:				

I (WE) ACKNOWLEDGE RECEIPT OF NOTICE IN COMPLIANCE WITH THE FEDERAL EQUAL CREDIT OPPORUNITY ACT IF APPLICABLE, THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE, AND TRUTHFUL. THIS APPLICATION IS GIVEN FOR THE USE OF UTILITY TRI-STATE, INC. AND IT'S AGENTS OR ASSIGNEES, AND THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCE(S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH UTILITY, IT'S AGENTS, OR ASSIGNEES.

I (WE) FURTHER REPRESENT THAT SAID EQUIPMENT SHALL BE USED FOR A COMMERCIAL PURPOSE AND NOT BE USED FOR ANY UNLAWFUL PURPOSE.

Signature of Applicant: _____ Date: _____

Signature of Co-Signer / Guarantor(s) / Co-Purchaser: _____ Date: _____

(PLEASE INCLUDE COPY OF DRIVER'S LICENSE AND/OR CDL)