

ALTAVISTA TRUCK & EQUIPMENT

4322 SACO ROAD BAKERSFIELD, CA. 93308

(661) 399 - 2450 OFFICE (661) 399-2451 FAX.

NESSARUELAS1995@GMAIL.COM

BUSINESS INFORMATION

*Legal Business Name	**Corp or Individual**	Type of Corp.	Date Incorporated		
Legal Business Address	City	State	Zip	**County**	How long At This Address
Month and Year Business Started	Month and Year Started Driving	Phone Number	Fax Number		
How Many Trucks and Trailers Do You Have?	Do You Own Any Equipment? (have title)	Years In Business?			
Who Have You Previously Financed With? {list name of lender(s)}	Phone#	Homeowner? (Y or N)			

OWNERSHIP/GUARANTOR INFORMATION

Type of Business (Proprietorship, Partnership, Corporation)	Federal Tax Number/Business License Number		
Name & Title (is applicable)	% Ownership	Driver's License No. & State	S.S. Number
Home Address	Date of Birth	Home Phone	Cell Phone
Name & Title (is applicable)	% Ownership	Driver's License No. & State	S.S. Number
Home Address	Date of Birth	Home Phone	Cell Phone

INSURANCE INFORMATION

Name of Business Insurance Company	Contact	Phone Number
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HAUL REFERENCES

Name of Company	Contact	Phone Number

BANK REFERENCES

Name of Bank	Contact	Phone Number	Account Number	Bus/Pers.

PROPOSED PURCHASE

Term	Amount to be Financed	Description of Equipment	Down Payment
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Have you filed for Bankruptcy protection in the past ten years? Yes _____ No _____

Do you have any outstanding liens or judgements? Yes _____ No _____

THE UNDERSIGNED HEREBY AUTHORIZES OUR BANKS, TRADES, AND REFERENCES TO RELEASE CREDIT INFORMATION TO ALTAVISTA TRUCK AND EQUIPMENT OR IT ASSIGNS. ADDITIONALLY, I/WE AUTHORIZE ALTAVISTA TRUCK AND EQUIPMENT OR ITS ASSIGNS/DESIGNEES TO INVESTIGATE MY/OUR CREDIT WORTHINESS AND WILL PROVIDE FINANCIAL STATEMENTS, TAX RETURNS, ETC. AS YOU DEEM NECESSARY. I/WE WARRANT THE ACCURACY OF THE INFORMATION IN THIS APPLICATION AND ANY OTHER FINANCIAL INFORMATION SUBMITTED BY THE UNDERSIGNED. ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

Signed _____

Name _____

Date _____