



OPTIMA TRUCK AND TRAILER SALES
 Commercial Vehicle And Trailer Application
 E-mail to: Stacy@optimatnt.com
 Phone: 630-581-2621

CREDIT APPLICATION

APPLICANT (COMPLETE LEGAL NAME OF BUSINESS OR APPLICANT'S NAME IF APPLYING AS AN INDIVIDUAL.)

BUSINESS STREET ADDRESS OR PERSONAL HOME ADDRESS : (If applying as a individual)			VEHICLE LOCATION ADDRESS:		
ADDRESS			ADDRESS		
CITY			CITY		
STATE			STATE		
ZIP CODE			ZIP CODE		
CITIZENSHIP			COUNTY		
BUSINESS PHONE		FAX:		BIRTH DATE	
# OF YEARS IN BUSINESS		FEDERAL TAX ID NUMBER:			
		SOCIAL SECURITY # (If individual)			
BUSINESS TYPE (LLC, C corp, S corp, Partnership, Proprietor, etc):			Business email:		

EXISTING FLEET SIZE

	# FINANCED	# LEASED		# OWNED	TOTAL UNITS OPERATED
Tractors:					
Trucks:					
Trailers:					

GUARANTOR(s)/ PRINCIPAL(s) INFORMATION

NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)			SOCIAL SECURITY #		
			DATE OF BIRTH		
ADDRESS			HOME PHONE		
CITIZENSHIP			CELL PHONE		
CITY			E-MAIL ADDRESS		
STATE			% OWNERSHIP		
ZIP CODE			YEARS ACTIVE WITH COMPANY		
COUNTY			TITLE:		
Name of Relative (not living with you)				Address:	
Phone Number		Relationship:		City/State/Zip	
Name of a Personal Reference				Address:	
Phone Number		Relationship:		City/State/Zip	

Personal E-mail:

NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)			SOCIAL SECURITY #		
			DATE OF BIRTH		
ADDRESS			HOME PHONE		
			CELL PHONE		
CITY			E-MAIL ADDRESS		
STATE			% OWNERSHIP		
ZIP CODE			YEARS ACTIVE WITH COMPANY		
COUNTY			TITLE:		
Name of Relative (not living with you)				Address:	
Phone Number		Relationship:		City/State/Zip	

Name of a Personal Reference		Address:	
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COMMERCIAL CREDIT APPLICATION

Fleet Application

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PRIMARY HAULING REFERENCE

#1 REVENUE SOURCE			
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE	
PRIMARY CONTACT		PHONE	
#2 REVENUE SOURCE			
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE	
PRIMARY CONTACT		PHONE	
#3 REVENUE SOURCE			
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE	
PRIMARY CONTACT		PHONE	

BANK REFERENCE:

BANK NAME			
ADDRESS			
ACCOUNT #		PHONE	

EQUIPMENT FINANCE REFERENCES

CREDIT/FINANCE COMPANY NAME:			
ADDRESS			
ACCOUNT #		PHONE	
CREDIT/FINANCE COMPANY NAME:			
ADDRESS			
ACCOUNT #		PHONE	

TRANSACTION DETAIL

EQUIPMENT DESCRIPTION			
SELLING PRICE:	\$		
TAXES:	\$		
NET TRADE-IN (complete below):	\$		
CASH DOWN PAYMENT:	\$		
TOTAL DOWN PAYMENT:	\$		
AMOUNT TO FINANCE:	\$		
ADDITIONAL FEES:	\$		
TERM REQUESTED:	<input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> OTHER	TAX EXEMPT	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FINANCE	<input type="checkbox"/> LEASE		

The undersigned individual(s) certifies the following: (1) the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit; (2) Optima Truck And Trailer Sales ("Optima TNT"), jointly or separately, are authorized to investigate and verify any information provided and to make inquiry of references, other creditors or lessors as to credit worthiness; (3) applicant(s), guarantor(s), owners, principals, named above, (hereafter referred to as "Customer") and/or any individual whose name appears on the application explicitly authorizes any consumer reporting agency and other individuals to provide credit information to Dealer and Optima TNT for use in connection with the transaction. Dealer, Optima TNT and joint users of such information are authorized to receive, exchange and to update such credit information as appropriate during the term of the transaction. Optima TNT will require proof of identity as required under the USA Patriot Act. I hereby consent to receive telephone, cell phone, e-mail or faxed communications from Optima TNT.

You hereby authorize us to share your information for marketing purposes. You must provide us written notification that you do not want us not to share your information (except transactional or experience information). Please direct your request to Optima TNT.

NOTE: You have the right to a written statement of the specific reasons for the denial, if your application is declined. Please contact Optima TNT within 60 days from the date you are notified of our decision for a written statement. A written statement of decline reasons will be sent to you within 30 days of receiving your request. The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, religion, national origin, color, sex, marital status, age or other discriminating basis. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicant(s) and/or any guarantor(s) have read and agree to the above ECOA consent and notice.

By:		By:	
Print Name & Date:		Print Name & Date:	

Click on the blue button to submit the document.