First Capital Equipment Leasing Corp.
LeaseExperts.com™
Experienced, Knowledgeable, Competitive & Fast!

Questions? 1-800-541-0114 ext 17
E-mail: Credit@LeaseExperts.com
Fax: 1-508-833-6692

# Truck Purchase Finance
# Credit Application

For the fastest service, please include the following information:

☐ Truck Purchase Finance Credit Application

**ATTACH:**

☐ Dealer Invoice / Quote

☐ Spec Sheet (price, specs, mileage, VIN)

(Transmission, Engine Make & Model
Sleeper Size & Type)

Please email your application package to:
credit@LeaseExperts.com

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# TRUCK FINANCE APPLICATION

## 1. BUSINESS & CUSTOMER INFORMATION

| BUSINESS NAME | BUSINESS PHONE # | EMAIL ADDRESS |
|---|---|---|
| | | |

| BUSINESS ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| APPLICANT'S NAME (AS ON DRIVER'S LICENSE) | SOCIAL SECURITY # | DATE OF BIRTH | EIN# |
|---|---|---|---|
| | | | |

| HOME ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| RENT OR OWN | YEARS AT ADDRESS | HOME PHONE # | MOBILE# | % OWNERSHIP |
|---|---|---|---|---|
| | | | | |

| FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT ADDRESS) | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| YEARS AT ADDRESS | MARITAL STATUS (CIRCLE 1) SINGLE MARRIED DIVORCED | SPOUSE'S NAME | SPOUSE'S MOBILE # |
|---|---|---|---|
| | | | |

| CO- APPLICANT'S NAME (AS ON DRIVER'S LICENSE) | SOCIAL SECURITY # | DATE OF BIRTH | MARITAL STATUS (CIRCLE ONE) SINGLE MARRIED DIVORCED |
|---|---|---|---|
| | | | |

| HOME ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| RENT OR OWN | YEARS AT ADDRESS | HOME PHONE # | MOBILE # | % OWNERSHIP |
|---|---|---|---|---|
| | | | | |

Has any applicant ever filed Bankruptcy?_____NO_____YES If YES, please explain below.

Is any applicant a defendant in any legal action?_____NO_____YES If YES, please explain below.

Has any applicant ever had an item repossessed?_____NO_____YES If YES, please explain below.

| THIS TRUCK IS A: (CHECK ONE) _____1st TRUCK PURCHASE _____REPLACEMENT or UPGRADE _____ADDITIONAL TRUCK_____OTHER | TOTAL # OF TRUCKS OWNED |
|---|---|
| | |

## 2. EXPERIENCE

| # OF YEARS WITH CDL | # OF YRS AS O/O | TRUCK TO WORK FOR (LIST COMPANY) | CONTACT | PHONE# |
|---|---|---|---|---|
| | | | | |

| COMPANY'S ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

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## 3. TRUCK USAGE

| | | | |
|---|---|---|---|
| **HAUL ROUTE (CHECK ONE)** ____LOCAL_____REGIONAL_____LONG | **HAULING (CHECK ALL THAT APPLY)** ____DRY GOODS ____REEFER ____FLAT BED ____HAZARDOUS ____OTHER | | **DO YOU HAVE YOUR OWN AUTHORITY?** |
| **EXPECTED WEEKLY GROSS REVENUE** | **EXPECTED MILES/WEEK** | **EXPECTED $/MILE** | |
| **WILL TRUCK BE OPERATED IN CALIFORNIA AT LEAST 51% OF THE TIME?** _____NO _____YES | **CDL#** | **STATE** | **EXP. DATE** |
| **WILL PURCHASER BE DRIVING THIS TRUCK?** ____NO_____YES If NO, provide driver info→ | DRIVER'S NAME (AS ON COMMERCIAL DRIVER'S LICENSE) | RELATIONSHIP | |
| DRIVER'S ADDRESS | CITY | STATE | ZIP |
| DRIVER'S PHONE # | # OF YEARS WITH CDL | CDL# | STATE / EXP. DATE |

## 4. EMPLOYMENT HISTORY FOR PAST FIVE YEARS (MOST RECENT FIRST)

| | | | |
|---|---|---|---|
| **NAME AND ADDRESS OF COMPANY** | **PHONE NUMBER** | **POSITION HELD** | **HOW LONG** |
| **NAME AND ADDRESS OF COMPANY** | **PHONE NUMBER** | **POSITION HELD** | **HOW LONG** |
| **NAME AND ADDRESS OF COMPANY** | **PHONE NUMBER** | **POSITION HELD** | **HOW LONG** |

**ECOA DISCLOSURE**

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FTC Regional Office for region in which the creditor operates or Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action you have a right to a statement of specific reasons for the adverse action if you request such statement within 60 days from _____ at the address and telephone number given on this application. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit in substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available.

**APPLICANT VERIFICATION**

The undersigned acknowledges the statements on this application are true, correct and accurate to the best of my knowledge, and the information contained herein may be used by _____ to make credit decisions. The undersigned authorizes _____ and its affiliates to obtain any consumer and/or business information from banks, credit unions, as well as other credit reporting services, and authorizes them to furnish such information to _____. The undersigned acknowledges that this signed application is an application for credit only, and the final terms of the financing agreement will be based on the documents themselves. No commitment exists until the Applicant/Joint Applicant(s) receives the same in writing from _____.

APPLICANT (PRINT)_____SIGNATURE_____DATE_____/_____/_____

CO-APPLICANT (PRINT)_____SIGNATURE_____DATE_____/_____/_____