



CREDIT APPLICATION

COMPANY NAME		FEDERAL ID #	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
BUSINESS PHONE NUMBER	LEGAL STRUCTURE: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp		
HOW LONG IN BUSINESS?	HOW LONG IN AREA?	NUMBER OF TRACTORS OWNED/LEASED _____	
		NUMBER OF TRAILERS OWNED/LEASED _____	
PRINCIPAL OWNER(S)	ADDRESS	PHONE NUMBER	SOCIAL SECURITY
HAVE YOU EVER TAKEN BANKRUPTCY? IF YES, EXPLAIN			
ARE YOU A DEFENDANT IN ANY LEGAL ACTION,? IF YES, EXPLAIN			
HAVE YOU EVER HAD ANY ITEM(S) REPOSSESSED? IF YES, EXPLAIN			
HOW LONG AS AN OWNER/OPERATOR?	OPERATOR LICENSE #	COUNTY OPERATING IN	
CARRIER: <input type="checkbox"/> COMMON <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONTRACT	AUTHORITY: <input type="checkbox"/> INTRASTATE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> BOTH		
DRIVERS NAME	LICENSE NUMBER	TRAFFIC TICKETS	
PRODUCTS HAULED			

FINANCIAL REFERENCES: AT LEAST ONE BANK PLUS ANY EQUIPMENT FINANCE OR LEASING COMPANIES.

BUSINESS NAME	ADDRESS	PHONE	CONTACT NAME

VENDOR REFERENCES: PLEASE LIST AT LEAST TWO OF YOUR LARGEST VENDORS

VENDOR NAME	ADDRESS	PHONE	CONTACT NAME

CUSTOMER REFERENCES: PLEASE LIST AT LEAST TWO OF YOUR LARGEST CUSTOMERS

CUSTOMER NAME	ADDRESS	PHONE	CONTACT NAME

PLEASE FAX COMPLETED APPLICATION TO (936) 295-9529

FINANCIAL STATEMENTS: ENCLOSE YEAR END FINANCIAL STATEMENT (INCOME AND BALANCE SHEET) AND CURRENT YEAR TO DATE INTERIM STATEMENT.

THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATTER) AND IS IN ALL RESPECTS COMPLETE, ACCURATE AND TRUTHFUL.

THE UNDERSIGNED HEREBY AUTHORIZED THE ABOVE NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCES TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH THE JACK OLSTA CO., IT'S SUDSIDIARIES OR ASSIGNEES.

CUSTOMER SIGNATURE AND DATE

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