



Utility Trailer Sales of Oregon, Inc.

9797 SE Lawnfield Rd.
 P.O. Box 1190
 Clackamas, OR 97015

CREDIT APPLICATION

Fax Completed Application to:
 Utility Trailer Sales of Oregon, Inc.
 FX(503) 653-4992 PH (503) 653-8686

B U S I N E S S	EXACT LEGAL NAME OF BUSINESS or FULL LEGAL NAME of PURCHASER				TELEPHONE #		
	ADDRESS STREET	CITY	COUNTY	STATE	ZIP CODE	BUS. FAX #	
	REASON FOR PURCHASE REPLACEMENT _____ ADDING TO CURRENT FLEET _____			AGE OF BUSINESS		STATE OF INCORPORATION	
	WHAT TYPE OF EQUIPMENT DID YOU HAVE BEFORE REEFER _____ DRY VAN _____ FLATBED _____			WHAT TYPE OF PRODUCT WILL YOU HAUL		FEDERAL TAX ID#	
	# OF TRAILERS _____	WHAT STATES WILL YOU HAUL IN:			DRIVING EXPERIENCE _____ YRS _____ MONTHS		
# OF TRUCKS _____				OWNER / OPERATOR EXPERIENCE _____ YRS _____ MONTHS			
O W N E R S H I P	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	DATE OF BIRTH	SOCIAL SECURITY #	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP	OWN OR RENT	DRIVER'S LICENSE # & STATE
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE #	DATE OF BIRTH	SOCIAL SECURITY #
	HOME ADDRESS (STREET)		CITY	STATE	ZIP	OWN OR RENT	DRIVER'S LICENSE # & STATE
B A N K	NAME OF BANK #1		BRANCH	CHECKING ACCT #	BANK CONTACT NAME & PHONE #		
	NAME OF BANK #2		BRANCH	CHECKING ACCT #	BANK CONTACT NAME & PHONE #		
	EQUIP. LOAN/LEASE REFERENCE			LOAN #	LOAN/LEASE CONTACT NAME & PHONE #		
	EQUIP. LOAN/LEASE REFERENCE			LOAN #	LOAN/LEASE CONTACT NAME & PHONE #		
H A U L	HAUL REFERENCE: CURRENT _____ FUTURE _____		HOW LONG	MONTHLY INCOME	CONTACT NAME & PHONE #		
	HAUL REFERENCE: CURRENT _____ FUTURE _____		HOW LONG	MONTHLY INCOME	CONTACT NAME & PHONE #		
	HAUL REFERENCE: CURRENT _____ FUTURE _____		HOW LONG	MONTHLY INCOME	CONTACT NAME & PHONE #		

PURCHASER'S FINANCIAL AND CURRENT CREDIT STATEMENT

ASSETS (What is Owned)	VALUE	MONEY DOWN	TRADE	
Cash On Hand Bank City, State Acct No.			Description Year -- Make -- Model	
		10%		
		20%		
		Set \$ Amount	Trade Value \$	
Accounts Receivable				
Real Estate (Describe)	Purchased Amount \$	Financed By: Bank Name or Paid Cash	Monthly Payment \$	Balancing Owing
Trucks Owned (Describe) (Year -- Make -- Model)				
Trailers Owned (Describe) (Year -- Make -- Model)				
Auto and Other Equipment Owned (Describe) (Year -- Make -- Model)				
Do you have anything to use as Collateral (Year -- Make -- Model)				
Assets	Total	\$	Total Liabilities	\$
Creditor (Name, City/State, Phone)	Contact	Acct No	Collateral	Date Open
				High Bal
				Mo Pymnt
Taken Bankruptcy Within 10 Years <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Yr				
Any Items Repossessed <input type="checkbox"/> Yes <input type="checkbox"/> No				

The information given above is true and complete. Utility Trailer Sales of Oregon may receive from and disclose to other persons, including credit reporting agencies, information about Applicant's accounts and credit experience and Applicant authorizes any person to release to Utility Trailer Sales of Oregon credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Utility Trailer Sales of Oregon, or any person requested to release such information to Utility Trailer Sales of Oregon.

Name _____ Date _____

Name _____ Date _____