



Charlotte, Nashville, Columbus

Company Credit Application

Company:				
Physical Address:		City:	State:	Zip:
Garaging Address:		City:	State:	Zip:
Email:		Phone:	Fax:	
Federal I.D. #	Year Started:	State Incorporated:	Email:	
Annual Sales:		Nature of Business:		
Insurance Company:		First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would the equipment be rented or subleased:		Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Primary Contact:		Email:	Phone:	
Expansion: <input type="checkbox"/> Equipment # Units	Prior Bankruptcy?		Outstanding Judgements?	Tax Liens?
Replacement: <input type="checkbox"/> Trucks: Trailers:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner / Guarantor:	% Owned	Date of Birth:	Social Security Number:	
Physical Address:		City:	State:	Zip:
Co-Owner / Guarantor:	% Owned	Date of Birth:	Social Security Number:	
Physical Address:		City:	State:	Zip:

References:

Bank Name:		Contact:	Phone:	
Bank Name:		Contact:	Phone:	
Check all that apply: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Equipment Loans <input type="checkbox"/> other loans / Credit line				
Equipment Reference	Account Number	Contact:	Phone:	
Equipment Reference	Account Number	Contact:	Phone:	
Equipment Reference	Account Number	Contact:	Phone:	
Equipment Reference	Account Number	Contact:	Phone:	
Equipment Reference	Account Number	Contact:	Phone:	
Haul Source / Source of Revenue:	Type of Work:	How long:	Contact:	Phone:
Haul Source / Source of Revenue:	Type of Work:	How long:	Contact:	Phone:
Haul Source / Source of Revenue:	Type of Work:	How long:	Contact:	Phone:
Haul Source / Source of Revenue:	Type of Work:	How long:	Contact:	Phone:

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES MCMAHON TRUCK CENTERS OF COLUMBUS, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. MCMAHON TRUCK CENTER OD COLUMBUS, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH MCMAHON TRUCK CENTERS. THE UNDERSIGNED CERTIFIES THEY ARE NOT SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY MCMAHON TRUCK CENTERS, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature:	Title:	Date:
Signature:	Title:	Date:

Location:

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