



# Wabash National Financial Services INDIVIDUAL CREDIT APPLICATION

APPLICANT NAME:		BIRTHDATE:	SOCIAL SECURITY #	DRIVERS LICENSE #: (STATE _____)	
DBA:			COUNTY:	PHONE:	
HOME ADDRESS:		CITY, STATE, ZIP	HOW LONG?	RENT OR OWN?	
FORMER RESIDENCE (IF LESS THAN 3 YRS):				HOW LONG?	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPERATED		NO. OF DEPENDENTS:	FAX:	EMAIL ADDRESS:	
EQUIPMENT GARAGING LOCATIONS:			CITY, STATE, ZIP		
CO-APPLICANT OR SPOUSE (CIRCLE ONE):		SOCIAL SECURITY #:	BIRTHDATE:		
HOME ADDRESS:		CITY, STATE, ZIP	PHONE:		
SPOUSE EMPLOYED BY:	EMPLOYER ADDRESS:	PHONE:	NO. OF YEARS:	POSITION:	ANNUAL SALARY:
NAME OF NEAREST LIVING RELATIVE NOT LIVING WITH YOU:		HOME ADDRESS:	RELATIONSHIP:	PHONE:	
OTHER INCOME: \$	SOURCE OF OTHER INCOME:				
PRODUCTS HAULED:		AVERAGE ANNUAL MILES:	YEARS OF EXPERIENCE: _____ AS DRIVER _____ AS OWNER		
ANNUAL REVENUE: \$	REVENUE BASED ON: PER MILE \$ _____ % OF REVENUE _____ PER LOAD \$ _____				
CONTRACT LEASE WITH:	PHONE:	ADDRESS:		CONTACT NAME:	
CURRENTLY OWNED: # OF TRUCKS/TRAILERS _____ # OF TRAILERS _____ # OF OTHER _____					
NAME OF EQUIPMENT LENDERS:		ACCOUNT NUMBER:	PHONE:	CONTACT NAME:	
1)					
2)					
EVER FILED BANKRUPTCY: _____ YES _____ NO DATE _____ CHAPTER _____					
EVER HAD GOODS/VEHICLES REPOSSESSED? _____ YES _____ NO DATE _____					
IF YES, PLEASE EXPLAIN:					

I certify that the information stated in this Credit Application is true, accurate and correct. If I become aware of any material change, I will contact Wabash National promptly and advise Wabash National of the revision. I agree that the information is being provided for purposes of obtaining credit. I authorize Wabash National and any assignee lending institution or funding service to obtain, research, and verify all credit information provided herein. I authorize Wabash National and any and all assignee lending institution or funding service to research my employment history, obtain insurance information, and answer third-party inquiries concerning my credit history. Further, the individual applicant, recognizing that his or her individual credit history is relevant to this credit evaluation, consents to and authorizes Wabash National and any and all assignee lending institution or funding service to obtain and use a consumer credit report on the undersigned as well as the applicant business entity. The undersigned and the applicant business waive any and all rights or claims under the Fair Credit Reporting Act.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Printed Name