

CENTRAL VALLEY TRAILER REPAIR INC
2606 S RAILROAD AVE
FRESNO, CA 93725



Great Dane Trailers



PH 559-233-8444

FAX 559-233-9320

Applicant:			Social Security # (or Tax ID # if Corp):		Phone #:	
Address:			Date of Birth:		Fax#:	
City:	St:	Zip:	Type of Entity: Circle one Sol Prop., Partnership, C-Corp, S-Corp		Cell Phone #:	
Description of Business:			# of Trks/Trls:	# of Employees:	E-mail address:	
Ever been Bankrupt? Yes No		Ever had a Rreposession? Yes NO		Any taxes Currently Past Due? Yes NO		Years In Business:
						Years of Industry Experience:

If Corporation, List Officers or Guarantors (otherwise leave blank)

Name, Title	Address	Social Security #	Birthdate	% ownership
1)				
2)				

Bank Information

Bank Name Ph #:	Contact	Year opened	Account Number:	Account Balance:
Bank Name Ph #:	Contact	Year opened	Account Number:	Account Balance:
Line of Credit or Savings Account Info			Account Number:	Account Balance:
Do you Own or Rent Current Residence?	How Long?	Monthly Payment	Monthly Gross Income	Net Worth

Personal References & Cosigner Info (if applicable)

Name of relative or acquaintance not residing with you:		Relationship:		Telephone:	
Address:		City:		State:	Zip:
Name of relative or acquaintance not residing with you:		Relationship:		Telephone:	
Address:		City:		State:	Zip:
Cosignor, Second Owner/Guarantor Name:		Social Securtiy #:		Date of Birth:	
Address:		City:		State:	Zip:

TRADE or FINANCING REFERENCES

Name and Address:	City & State:	Telephone #:	Date:	Balance
1)				
2)				
3)				

Current & Past Haul or Work Information

Name of Company:	City State:	Preson to Contact:	Telephone#:	Position	How Long?
1)					
2)					
3)					

All statements contained in this credit application, and on any attachments are warranted to be true and correct. I hereby authorize Central Valley Trailer Repair, Inc. and its assignees such as (), to verify any credit information, including, however, not limited to, banks, credit reports, and trade references.

By:

Signature

Date

By:

Signature

Date