

Company Name:			Tax ID #:		Phone #:	
Address:			Type of Entity(Proprietorship, Partnership, C Corp, S Corp):			
City:	State:	Zip:	County:		Date Incorporated & State:	
Materials Hauled:			Years In Business:		Years of Industry Experience	
Description of Business:			Number of Trucks in Fleet: #Heavy # Med Duty		# Employees:	
Important! Include credit references from current/past truck/trailer leases/loans in section below						
Lessor/Creditor/Trucks	Phone	Yr. Opened	Orig. Bal.	Curr. Bal.	Payment	Equipment
Bank Name:		Year Account Opened:		Checking Account #:		Checking Account Balance:
Phone #:		Contact:		Line of Credit Limit:		Line of Credit Available:
Ever Been Bankrupt? Yes ___ No ___ If Yes / Year:		Ever had a Repossession? Yes ___ No ___		Any taxes currently due? Yes ___ No ___		
Required for Leasing - Insurance Carrier:			Contact:		Phone #:	

Majority Owner Name:			Percent Ownership:		Date of Birth:	
Address:			Home Phone:		Social Security #:	
City:	State:	Zip:	Monthly Income:		Monthly Housing Payment:	
Current Residence? Own: Rent:	Time at Current Residence (yrs/mos): YEARS: Months:		Mortgage Holder:		Personal Net Worth:	
Second Owner/Guarantor Name:			Social Security #:		Date of Birth:	
Address:			City:		State:	Zip:
Name of Relative or acquaintance not residing with you:			Relationship:		Phone:	
Address:			City:		State:	Zip:

Please provide the following information on 3 current towing contracts.							
		Contract 1		Contract 2		Contract 3	
Company Name							
Contact							
Phone							

The information given above is true and complete. Miller Financial Services Group Inc. and its Assignees 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 Miller Financial Services Group Inc. and its Assignees 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 make by Miller Financial Services Group Inc. and its Assignees, or any person requested to release such information to Miller Financial Services Group Inc. and its Assignees. By typing in your name you also agree to these terms.

By: _____ (Signature) By: _____ (Signature) Date: _____

FOR DEALER USE ONLY							
Dealer: _____		Date/Time: _____		Phone #: _____		Fax #: _____	
Contact: _____			Chassis Price: _____		Body Price: _____		
Qty	New/Used	Year	Make	Model	Description of Body & Attachments	Total Sale Price	Dealer Cost
Mileage: _____		Total Selling Price: _____		Finance/Lease Pmt: _____		_____	_____
Vin #: _____		Sales Tax: _____		Term: _____		_____	_____
GVW: _____		Net Trade Ins: _____		Residual/Balloon: _____		_____	_____
		Down Payment: _____		Add/Replace Truck: _____		_____	_____
		Admin. Fee: _____				_____	_____
		Advance Rentals: _____				_____	_____
		Amt. Financed/Capcost: _____				_____	_____

FORM: 6288