

TRUCK OR TRAILER

PLEASE PRINT OR TYPE

CREDIT APPLICATION

PERSONAL INFORMATION			
DATE OF APPLICATION	JOINT APPLICATION ___YES ___NO	MARITAL STATUS ___SINGLE ___MARRIED ___WIDOWED ___SEPARATED ___DIVORCED	NUMBER OF DEPENDENTS
NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS-PHYSICAL	CITY, STATE, ZIP CODE	TIME AT ADDRESS? YRS. MOS.	___OWN ___RENT MONTHLY PAYMENT___
HOME PHONE ()	CELLULAR PHONE ()	PAGER ()	EMAIL ADDRESS
PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS AT CURRENT ADDRESS)		CITY, STATE, ZIP CODE	HOW LONG? YRS. MOS.
NEAREST RELATIVE NOT LIVING WITH YOU	ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	PHONE NUMBER	RELATIONSHIP TO YOU

COMPLETE THE FOLLOWING SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOU SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN A COMMUNITY PROPERTY STATE

SPOUSE'S NAME (FIRST, MIDDLE INITIAL, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER	POSITION HELD	WORK PHONE HOW LONG YRS. MOS.

TO EXPEDITE PROCESSING, PLEASE COMPLETE THE FOLLOWING SECTIONS:

BUSINESS/EMPLOYMENT INFORMATION			
CONTRACT TO BE IN BUSINESS NAME ___YES ___NO	BUSINESS NAME	BUSINESS TAX ID NUMBER	NUMBER OF YEARS IN BUSINESS/ TIME EMPLOYED
ADDRESS	CITY, STATE, ZIP CODE	WORK NUMBER ()	FAX NUMBER ()
FIRST TIME OWNER OPERATOR? * ___YES - YEARS EXPERIENCE AS A DRIVER _____ ___NO - YEARS EXPERIENCE AS OWNER OPERATOR _____			
PREVIOUS EMPLOYER IF LESS THAN 5 YEARS AT CURRENT EMPLOYMENT			

HAULING REFERENCES/MAJOR CUSTOMERS			
TRUCK TO WORK FOR (PRIMARY REVENUE SOURCE)	PHONE ()	CONTACT	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
HAULING BETWEEN WHAT POINTS	MONTHLY GROSS INCOME	COMMODITY HAULED	OFF-HIGHWAY USE ___YES ___NO
IF YOU ARE LEASED TO A FLEET, PLEASE LIST NAME	PHONE ()	CONTACT	
ADDRESS OF FLEET HEADQUARTERS (INCLUDING CITY, STATE ZIP CODE)			
PURCHASER TO DRIVE? ___YES ___NO	IF NO, PROVIDE INFORMATION ON PERSON WHO WILL DRIVE TRUCK	DRIVERS NAME	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)
YEARS OF EXPERIENCE	SOCIAL SECURITY NUMBER	HOME NUMBER ()	PAGER/MOBIL NUMBER ()
PRIOR TRUCK AND TRAILER PURCHASES			
IS THIS YOUR FIRST TRUCK/TRAILER PURCHASE? ___NO ___YES	IS PURCHASE A: ___REPLACEMENT ___ADDITION	HAVE YOU EVER FINANCED A TRUCK/TRAILER? ___NO ___YES - PLEASE LIST BELOW	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER ()	DATE FINANCED
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HAVE YOU EVER FILED BANKRUPTCY? ___NO ___YES-EXPLAIN BELOW	ARE YOU A DEFENDANT IN ANY LEGAL ACTION? ___NO ___YES - EXPLAIN BELOW	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? ___NO ___YES - EXPLAIN BELOW
EXPLANATION:		

** Number of trucks owned _____ Trailers _____ **



KANSAS CITY PETERBILT INC.

2915 Woodend PO Box 11307 Kansas City, Kansas 66111
(913) 441-2888 Toll Free (800) 489-1122

In connection with your transaction, Kansas City Peterbilt, Inc. and/or Utility Trailer Sales of Kansas City, Inc. may acquire information about you as described in this notice, which we handle as stated in this notice.

1. We collect non-public personal information about you from the following sources:
 - a. Information we receive from you on applications or other forms.
 - b. Information about your transaction with us and,
 - c. Information we receive from a consumer reporting agency.
2. We do not disclose, nor do we reserve the right to disclose, any non-public personal information about our consumers, customers or former customers to anyone, except as permitted by law. We may disclose non-public personal information about you, as a consumer, customer or former customer, to non-affiliated third parties as permitted by law.
3. We restrict access to non-public personal information about you to those employees who need to know specific information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Customer Acknowledgement: I (we) acknowledge that I (we) received a copy of this notice on the date indicated below.

X
Customer's Signature

X
Date

X
Customer's Printed Name

Co-Customer's Signature

Date

Co-Customer's Printed Name