

Mark's AKRON MEDINA TRUCK SALES, INC.

2636 Brecksville Road

Richfield, Ohio 44286

Ph# 330-659-6566/888-588-2933 Fax# 330-659-6568

Page 1 of 2

ATTENTION DEALER: FOR QUICK RESPONSE PLEASE FILL IN ASTERISKED (*) AREAS ONLY AND FAX

DEALER/CONTACT*		DEALER PHONE*		DEALER FAX*	
EQUIP DESCRIPTION*		EQUIP. COST*		\$ TO PUT DOWN*	
COMPANY INFORMATION					
FULL LEGAL COMPANY NAME*					
MAILING ADDRESS*					
PHYSICAL ADDRESS			EQUIP. LOCATION		
CITY*		STATE*		ZIP CODE*	
BUSINESS PHONE*		HOME PHONE*		EMAIL ADDRESS*	
PORTABLE/CONTACT PHONE*			FAX NUMBER*		
YRS IN BUSINESS*		TYPE OF BUSINESS*			
YRS OF EXPERIENCE		<input type="checkbox"/> LIMITED/CORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		FEDERAL ID:	
PRINCIPAL/OTHER OR SPOUSE INFORMATION					
PRINCIPAL*			SPOUSE/CO-APPLICANT*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		
SOCIAL SECURITY #*			SOCIAL SECURITY #*		
DATE OF BIRTH			DATE OF BIRTH		
How long at present address? Years: Months: <input type="checkbox"/> Rent <input type="checkbox"/> Own			Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage Payable to OR Landlord:		Name:		Phone:	
Value of Home: \$		Mortgage Balance:		Monthly Payment:	
PRESENT NUMBER OF TRUCKS					
YEAR	MAKE	MODEL	FINANCED BY	ACCOUNT NO	PHONE NO
BANKS (For faster processing, please fax 3 months bank statements)					
BANK		PHONE NO		ACCOUNT NO	
SUPPLIER REFERENCES (Places where you purchase supplies, tools, fuel, etc. for business)					
COMPANY		PHONE NO		ACCOUNT NO	
<p>Customer's Authorization For Release: The undersigned certifies that the above information given for credit purposes is true and correct. They also authorize the firm or person to whom this application is made access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application. The undersigned authorizes all parties contact to release credit and financial information as part of the said investigation.</p>					
Applicant's Signature: _____			DATE: _____		
Co-Applicant's Signature: _____			DATE: _____		

