



Phone: 636-451-2100

Fax: 636-451-0102

Email: credit.tntsales@gmail.com

CUSTOMER CREDIT APPLICATION (Return with Copy of Drivers License)

COMPANY OR CUSTOMER NAME (Full Legal Name Including DBA If Applicable)			Contact		Date
Phone Number		Email			Date of Birth
Address			City	State	Zip Code
Type of Business		Date Established	Yrs. Ownership	Fed. Tax ID# OR S.S. #	
Proprietorship Partnership	Corporation Individual	LLC	MC #	DOT #	State of Organization
Principal / Officer / Partner		% of Owner	Social Security No.	Address	

How Many Years Driving?	How long as Owner Operator?	How Many Trailers do you own?	How many Tractors do you own?	Do you own or rent your home?	Have you ever had: Bankruptcy: Y N Year: Repossession: Y N Year:
-------------------------	-----------------------------	-------------------------------	-------------------------------	-------------------------------	--

AT LEAST TWO HAUL REFERENCES

Company Name	Contact	Phone Number

EQUIPMENT YOU ARE PURCHASING

Model Year:	Estimated Delivery Date:	Down Payment:	Term:	Price:
Equipment Description:				

AUTHORIZATION

IMPORTANT – APPLICANT PLEASE READ BEFORE SIGNING

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes TNT Sales, its designee, assigns, or potential assigns, to review his/ her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Date:	Signature	Title