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PLEASE FILL OUT APPLICATION COMPLETELY AND SIGN FOR IMMEDIATE RESPONSE

DEALER/CONTACT	DEALER PHONE	DEALER FAX
EQUIP DESCRIPTION	EQUIP. COST	\$ TO PUT DOWN

BORROWER INFORMATION

BORROWER'S COMPANY NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____ EQUIP. LOCATION _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ HOME PHONE _____ EMAIL ADDRESS _____

PORTABLE/CONTACT PHONE/NEXTEL # _____ FAX NUMBER _____

YRS IN BUSINESS _____ TYPE OF BUSINESS _____

YRS OF EXPERIENCE _____ LIMITED/CORPORATED PARTNERSHIP PROPRIETORSHIP FEDERAL ID: _____

BORROWER /CO-BORROWER INFORMATION

BORROWER			CO-BORROWER		
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: _____	

BANKS (For faster processing, please fax 3 months bank statements)

BANK	PHONE NO	ACCOUNT NO	MONTHLY PAYMENT

CHECKING
 SAVINGS
 CHECKING
 SAVINGS

CURRENT EMPLOYMENT INFORMATION

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

FUTURE EMPLOYMENT INFORMATION

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

PREVIOUS EMPLOYERS

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

GENERAL BUSINESS QUESTIONS

Customer's Authorization For Release:
 The undersigned certifies that the above information given for credit purposes is true and correct. The undersigned also authorizes Trueco and/or its associates any access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application as necessary. The undersigned authorizes all parties contacted to release credit and financial information as part of said investigation.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____