

UNITED TRUCK SALES OF CHICAGO I INC.

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OWNER OPERATOR APPLICATION

FIRST NAME		MIDDLE	LAST NAME		BUSINESS NAME		SOCIAL SECURITY #	
PRESENT ADDRESS (NUMBER & STREET)					CITY		STATE	ZIP CODE
TIME AT THIS ADDRESS? _____ YEARS _____ MONTHS					COUNTY		DATE OF BIRTH	
EMAIL ADDRESS					HOME PHONE NUMBER ()			
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS)					CELL PHONE NUMBER ()			
CITY		STATE	ZIP CODE		TIME AT THIS ADDRESS? _____ YEARS _____ MONTHS			
SOURCES FIRST NAME		MIDDLE	LAST NAME		SPOUSE SOCIAL SECURITY #		SPOUSE OCCUPATION	SALARY
WILL SPOUSE BE CO-SIGNING? <input type="checkbox"/> YES <input type="checkbox"/> NO								
EMPLOYMENT (PAST 5 YEARS)								
CURRENT EMPLOYER		PHONE ()		HAULING WHAT:		HOW LONG	<input type="checkbox"/> CO DRIVER <input type="checkbox"/> OWNER OP.	
PREVIOUS EMPLOYER		PHONE ()		HAULING WHAT:		HOW LONG	<input type="checkbox"/> CO DRIVER <input type="checkbox"/> OWNER OP.	
PREVIOUS EMPLOYER		PHONE ()		HAULING WHAT:		HOW LONG	<input type="checkbox"/> CO DRIVER <input type="checkbox"/> OWNER OP.	
PREVIOUS EMPLOYER		PHONE ()		HAULING WHAT:		HOW LONG	<input type="checkbox"/> CO DRIVER <input type="checkbox"/> OWNER OP.	
PREVIOUS EMPLOYER		PHONE ()		HAULING WHAT:		HOW LONG	<input type="checkbox"/> CO DRIVER <input type="checkbox"/> OWNER OP.	
TOTAL DRIVING EXPERIENCE			CARRIER TRUCK WILL HAUL FOR			PHONE ()		
ADDRESS (NUMBER & STREET)			MC #	CITY		STATE	ZIP CODE	
HOW WILL EQUIPMENT BE USED?								
<input type="checkbox"/> TEAM <input type="checkbox"/> SOLO		MILES PER YEAR _____ 100K		DRIVER NAME IF OTHER THAN OWNER:				
<input type="checkbox"/> 48 STATES <input type="checkbox"/> REGIONAL <input type="checkbox"/> LOCAL		<input type="checkbox"/> DRY VAN <input type="checkbox"/> FLAT BED <input type="checkbox"/> BULK		<input type="checkbox"/> ROOFER <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> OTHER				
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN		IF YES, DISCHARGE DATE _____		EXPLAIN				
ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN		HAVE YOU EVER HAD AN ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES, EXPLAIN						
LIST WHAT YOU OWN						CASH ON HAND & IN BANK \$		
VEHICLES								
YEAR/MAKE/MODEL			IS IT FINANCED? BY WHOM?			ESTIMATED VALUE		
1.								
2.								
3.								
REAL ESTATE				TYPE				
<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LIVE WITH RELATIVE		<input type="checkbox"/> HOUSE <input type="checkbox"/> LAND AND MOBILE HOME <input type="checkbox"/> MOBILE HOME ONLY <input type="checkbox"/> APT.						
MORTGAGE COMPANY			PHONE ()			ESTIMATED REAL-ESTATE VALUE		
OTHER ASSETS						ESTIMATED VALUE		
LIST YOUR BANK (CHECKING ACCT)								
NAME		ACCOUNT NUMBER		CONTACT NAME		PHONE ()		
I certify that the information stated in this application is true and correct to the best of my knowledge . I further certify that the vehicles leased/financed from you will be used exclusively for business or commercial purposes. I understand that you will retain this application whether or not it is approved.You are authorized to verify my employment history, check my credit with credit reporting agencies and other sources and to answer questions about your credit experience with me.								
APPLICANTS SIGNATURE							DATE	
SPOUSES SIGNATURE (ONLY IF REQUESTING JOINT CREDIT)							DATE	