

# LOAN APPLICATION

**Address:** 1627 McCarty St. Houston, TX. 77029  
**Phone:** (713) 672-5054 **Fax:** (713) 672-0077  
**Email:** [Info@freights.xyz](mailto:Info@freights.xyz) **Website:** [www.Freights.xyz](http://www.Freights.xyz)

## TRANSPORTATION EQUIPMENT SALES



TELL US ABOUT YOURSELF					
First Name	Initial	Last Name			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Other Names Used For Credit					
<input style="width: 95%;" type="text"/>					
Date of Birth (mm/dd/yy)	Social Security No.	10-digit Phone #			
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>			
Street Address			Apartment No.		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
City	State	Zip Code			
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>			
No. Dependents	Residence Type (Y/N)	Years (at residence)			
<input style="width: 10%;" type="text"/>	Own? <input type="checkbox"/> Rent? <input type="checkbox"/>	<input style="width: 20%;" type="text"/>			
Mortgage/Rent Pay	Home Value	Mortgage Balance			
\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 20%;" type="text"/>			
Mortgage Holder/Landlord Name and Address					
<input style="width: 95%;" type="text"/>					
Previous Street Address	City	State	Zip Code	Yrs.	
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 35%;" type="text"/>	
Employer Name			Occupation		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Employment Phone (xxx)xxx-xxxx			Time Employed (yrs. & mo.)		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Employer Address	City	State	Zip Code		
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 50%;" type="text"/>		
Employment Income		Other Income			
\$ <input style="width: 10%;" type="text"/>	Per <input style="width: 10%;" type="text"/>	\$ <input style="width: 10%;" type="text"/> Per <input style="width: 10%;" type="text"/>			
Previous Employer Name			Previous Occupation		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Prev. Employment Phone (xxx)xxx-xxxx			Time Employed (yrs. & mo.)		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Prev. Employer Address	City	State	Zip Code		
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 50%;" type="text"/>		
Total Combined Income of Both Applicants					
\$ <input style="width: 20%;" type="text"/> Per <input style="width: 20%;" type="text"/>					

CO-APPLICANT					
First Name	Initial	Last Name			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Other Names Used For Credit					
<input style="width: 95%;" type="text"/>					
Date of Birth (mm/dd/yy)	Social Security No.	10-digit Phone #			
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>			
Street Address			Apartment No.		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
City	State	Zip Code			
<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 60%;" type="text"/>			
No. Dependents	Residence Type (Y/N)	Years (at residence)			
<input style="width: 10%;" type="text"/>	Own? <input type="checkbox"/> Rent? <input type="checkbox"/>	<input style="width: 20%;" type="text"/>			
Mortgage/Rent Pay	Home Value	Mortgage Balance			
\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 15%;" type="text"/>	\$ <input style="width: 20%;" type="text"/>			
Mortgage Holder/Landlord Name and Address					
<input style="width: 95%;" type="text"/>					
Previous Street Address	City	State	Zip Code	Yrs.	
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 35%;" type="text"/>	
Employer Name			Occupation		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Employment Phone (xxx)xxx-xxxx			Time Employed (yrs. & mo.)		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Employer Address	City	State	Zip Code		
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 50%;" type="text"/>		
Employment Income		Other Income			
\$ <input style="width: 10%;" type="text"/>	Per <input style="width: 10%;" type="text"/>	\$ <input style="width: 10%;" type="text"/> Per <input style="width: 10%;" type="text"/>			
Previous Employer Name			Previous Occupation		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Prev. Employment Phone (xxx)xxx-xxxx			Time Employed (yrs. & mo.)		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Prev. Employer Address	City	State	Zip Code		
<input style="width: 20%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 15%;" type="text"/>	<input style="width: 50%;" type="text"/>		
Relationship to Applicant					
<input style="width: 95%;" type="text"/>					

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## TRANSPORTATION EQUIPMENT SALES



### TELL US ABOUT YOUR CREDIT REFERENCES

How many Debit/Credit Cards do you own? With which institutions?  
(Example: 3 Visa, 2 Master Cards, etc.)

Do you have a checking account? Name of institution and branch

Yes / No

Do you have a savings account? Name of institution and branch

Yes / No

Do you have any bank loans? Name of institution and address

Yes / No

Do own a vehicle? Vehicle: Make Model Year

Yes / No

Financed By Mo. Payment Driver's License #

\$

Nearest Relative Address Phone # Relationship

### TELL US ABOUT YOUR CREDIT REFERENCES (CO-APPLICANT)

How many Debit/Credit Cards do you own? With which institutions?  
(Example: 3 Visa, 2 Master Cards, etc.)

Do you have a checking account? Name of institution and branch

Yes / No

Do you have a savings account? Name of institution and branch

Yes / No

Do you have any bank loans? Name of institution and address

Yes / No

Do own a vehicle? Vehicle: Make Model Year

Yes / No

Financed By Mo. Payment Driver's License #

\$

Nearest Relative Address Phone # Relationship

### Additional Information:

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By signing below, you certify that the information you have provided within this loan application is true and complete. You also authorize Transportation Equipment Sales to confirm the information in this loan application and give out information about you or your account to credit reporting agencies and others who are allowed to receive it. You authorize and instruct Transportation Equipment Sales to request and receive credit information about you from a credit reporting agency and third party.

Applicant

X

Date:

*If you are filling out this form digitally, type in your social security number as your signature. Thank you.*

Co -Applicant

X

Date:

# LOAN APPLICATION

**TRANSPORTATION  
EQUIPMENT  
SALES**



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## Vehicle Information: (TO BE FILLED OUT BY DEALER)

<b>Dealer / Supplier</b>	<b>Representative's Name</b>	<b>Representative's Phone</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Equipment Description:</b>	<b>Equipment Cost:</b>	<b>Deposit Required:</b>
Make: <input type="text"/> Model: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Equipment Information:</b>	<b>Requested Term:</b>	<b>VIN #:</b>
Color <input type="text"/> Yr <input type="text"/> New or Used? <input type="text"/>	<input type="text"/> Months	# <input type="text"/>

## REFERENCES (Ten Friends OR Previous Employers \*Relatives Not Living With You)

Name <input type="text"/>	Name <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>

Name: <input type="text"/>	Name: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>

Name <input type="text"/>	Name <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>

Name: <input type="text"/>	Name: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>

Name: <input type="text"/>	Name: <input type="text"/>
Phone #: <input type="text"/>	Phone #: <input type="text"/>

Applicant

**X**

Date:

*If you are filling out this form digitally, type in your social security number as your signature. Thank you.*

Co -Applicant

**X**

Date:

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**Applicant's Name:**

**Date:**

**Client:**

- 1. Application (completed & signed)
- 2. Insurance For Truck Being Purchased (comprehensive & collision) **\*\*Please ask us for an insurance example\*\***
- 3. Current Driver License (copy) + Social Security (copy)
- 4. Complete Down Payment In Cash OR Cashier's Check
- 5. Payroll Stubs (last 3)
- 6. Last 6 Bank Statements OR Last 2 Tax Returns
- 7. Complete Phone Bill (most current)
- 8. Utility Bills / Gas & Electricity (most recent)
- 9. 10 References (Friends, Previous Employers, \*Family Not Living With You)
- 10. Last TWO & A HALF YEARS of Employer References As A Driver