



www.qtrucks.com

Ph.: (305) 633-0065 Fax: (305) 633-0085 Imaguina@qtrucks.com * lorgio64@gmail.com

Personal Information

| | | | | | |
|--|--------|-----------------|--------------------------|-----------|-----------|
| Name: | | | | | |
| Date of birth: | | SSN: | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Own | Rent | (Please circle) | Monthly payment or rent: | | How long? |
| | | | | | |
| If less than 3 years Previous address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Owned | Rented | (Please circle) | Monthly payment or rent: | | How long? |

Employment Information

| | | | | | |
|-------------------|--|---------|-----------|-----------------|----------------|
| Current employer: | | | | | |
| Employer address: | | | How long? | | |
| Phone: | | E-mail: | | Fax: | |
| City: | | State: | | ZIP Code: | |
| Position: | | Hourly | Salary | (Please circle) | Annual income: |

Business Information

| | | | | | | | |
|--|--|-------------------------|--------------------|-----------------------------|--|---------------------|--|
| Legal Business Name: | | | President / Owner: | | | | |
| Address: | | | | | | | |
| City: | | State: | | ZIP Code: | | Phone: | |
| Date of Incorporation: | | State of Incorporation: | | Contact Name: | | Business Star Date: | |
| Check One: () Corporation () Partnership () Sole Proprietorship | | | Corporate ID No | | | Current Fleet Size: | |
| Corp. Officers Filed With State | | | | Business Annual Revenues \$ | | | |

Business Bank Information *PLEASE FORWARD 3 MONTHS MOST RECENT CORP. BANK STATEMENT*****

| | | | | | | |
|---|--|---------------------|--|--|--------------|--|
| Bank Name: | | Bank Officer/Title: | | | Phone: | |
| Type of Relation – Check One: () Working Capital Line () Term Loans () Mortgage () Checking () Savings | | | | | | |
| Account Numbers: | | | | | Date Opened: | |

Personal Bank Information

| | | | | | | |
|---|--|---------------------|--|--|--------------|--|
| Bank Name: | | Bank Officer/Title: | | | Phone: | |
| Type of Relation – Check One: () Working Capital Line () Term Loans () Mortgage () Checking () Savings | | | | | | |
| Account Numbers: | | | | | Date Opened: | |

Co-applicant Information

| | | | | | |
|------------------|--|--------|--|-----------|--|
| Name: | | | | | |
| Date of birth: | | SSN: | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |

Comparable Borrowing Reference * IMPORTANT INFORMATION PLEASE LEAVE NO BLANKS *****

| | | | |
|-----------------|----------|--------|--------|
| Where Financed: | Vehicle: | Acct # | Phone: |
| Where Financed: | Vehicle: | Acct # | Phone: |
| Where Financed: | Vehicle: | Acct # | Phone: |

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

| | | | |
|----------------------------|--|--|-------|
| Signature of applicant: | | | Date: |
| Signature of co-applicant: | | | Date: |