

PINNACLE TRUCK SALES
176 CHARTER PL.
LAVERGNE, TN 37086

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PERSONAL APPLICANT INFORMATION

First	M.I.	Last	Suffix	Date of Birth	e-mail address
Ind. <input type="checkbox"/>	Tax I.D. #	Your Corporate Name or DBA:			Social Security #
L.L.C. <input type="checkbox"/>					
Corp. <input type="checkbox"/>					
Mailing Address	City	State	County	Zip Code	
Physical Address (if diff. from mailing)	City	State	County	Zip Code	
Home Phone #	Cell Phone #	How Long here? Years:	Time in Area Years:	Home Owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nearest relative NOT living with you	Address	Phone#	Relationship		
Nearest relative NOT living with you	Address	Phone#	Relationship		
Have you ever taken Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> Attach Explanation	Are you a defendant in a Legal Action? No <input type="checkbox"/> Yes <input type="checkbox"/> Attach Explanation	Have you ever had a Repo? No <input type="checkbox"/> Yes <input type="checkbox"/> Attach Explanation			

EMPLOYMENT

First time Owner Operator? Yes <input type="checkbox"/> No <input type="checkbox"/>	Time as a Driver / Time as Owner Op Yrs: Mos: / Yrs: Mos:	Reason for Purchase: Additional Unit Replacement <input type="checkbox"/>
Buyer to Drive ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If other than buyer, list Driver: Name: SS#:	Type of goods / commodities hauled
Base Plate in what State?	Titled in what State?	Name Truck will be Titled in:
Truck to work for (HAUL REFERENCE):	Phone # and Contact name	How long there? Driver or Owner Operator
Truck to work for (HAUL REFERENCE):	Phone # and Contact name	How long there? Driver or Owner Operator
Previous Employer	Phone # and Contact name	How long there? Driver or Owner Operator

FINANCIAL INFORMATION

Name of Bank	Branch	Contact / Phone #	
# of Trucks/Trailers owned Trucks: Trailers:	Insurance Agent Name:	Insurance Agent Phone Number:	
Current Equipment Financed with:	Year / Make / Model of Equipment	Phone #	Date Opened
Current Equipment Financed with:	Year / Make / Model of Equipment	Phone #	Date Opened
Previous Equipment Financed with:	Year / Make / Model of Equipment	Phone #	Date Paid Off
Previous Equipment Financed with:	Year / Make / Model of Equipment	Phone #	Date Paid Off

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes any lender to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation.

APPLICANT SIGNATURE _____

DATE _____