

## RCI TRUCKS - APPLICATION TO LEASE TRUCK

APPLICATION FOR STOCK #		VIN #		
DOWN PAYMENT (DEPOSIT)		TERM	MONTHLY PAYMENT	
APPLICANT				
APPLICANTS NAME			SOCIAL SECURITY #	
ADDRESS		CITY	STATE	ZIP
COUNTY	HOW LONG AT LOCATION		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
E-MAIL ADDRESS		CDL/ST		
DATE OF BIRTH	PHONE		CELL	
Corp. <input type="checkbox"/> Prop. <input type="checkbox"/> Prshp. <input type="checkbox"/> Non-Profit <input type="checkbox"/>		HOW LONG?	IF CORP, TAX I.D. #	
CO-APPLICANT				
CO-APPLICANTS NAME (GUARANTOR)			SOCIAL SECURITY #	
ADDRESS		CITY	STATE	ZIP
COUNTY	HOW LONG AT LOCATION		Own <input type="checkbox"/> Rent <input type="checkbox"/>	
E-MAIL ADDRESS		CDL/ST		
DATE OF BIRTH	PHONE		CELL	
Corp. <input type="checkbox"/> Prop. <input type="checkbox"/> Prshp. <input type="checkbox"/> Non-Profit <input type="checkbox"/>		HOW LONG?	IF CORP, TAX I.D. #	
BANK INFORMATION				
FINANCE REFERENCES				
LENDER	PHONE #	ACCOUNT #	AMOUNT FINANCED	BALANCE
LENDER	PHONE #	ACCOUNT #	AMOUNT FINANCED	BALANCE
LIST ALL TRUCK CREDIT				
LENDER	PHONE #	ACCOUNT #	AMOUNT FINANCED	BALANCE
LENDER	PHONE #	ACCOUNT #	AMOUNT FINANCED	BALANCE
LENDER	PHONE #	ACCOUNT #	AMOUNT FINANCED	BALANCE

**REFERENCES**

**BUSINESS**

NAME	CONTACT	PHONE #
NAME	CONTACT	PHONE #
NAME	CONTACT	PHONE #

**CLOSEST RELATIVES NOT LIVING WITH YOU**

FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP
FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP

**PERSONAL REFERENCES**

FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP
FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP
FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP
FULL NAME	RELATION	PHONE
ADDRESS	CITY	STATE ZIP

**HAULING HISTORY (3 Years)**

WHO WILL YOU HAUL FOR?	CONTACT	PHONE #
WHO DO YOU PRESENTLY HAUL FOR?		HOW LONG?
CONTACT	PHONE	
WHO DID YOU HAUL FOR IN THE PAST?		HOW LONG?
CONTACT	PHONE	
WHO DID YOU HAUL FOR IN THE PAST?		HOW LONG?
CONTACT	PHONE	
WHO DID YOU HAUL FOR IN THE PAST?		HOW LONG?
CONTACT	PHONE	
<b>VEHICLE OWNERSHIP AND USAGE</b>		
Is this a: <input type="checkbox"/> Replacement <input type="checkbox"/> Additional <input type="checkbox"/> New truck		HOW MANY TRUCKS NOW OWNED
WHAT WILL YOU HAUL		
DRIVER OF TRUCK IF NOT PURCHASER		CDL/ST
WHERE WILL TRUCK BE PARKED		
INSURANCE PROVIDER	CONTACT	PHONE

ASSETS AND LIABILITIES			
ASSETS (YOU OWN)	VALUE	LIABILITIES (YOU OWE)	\$ BAL
CASH ON HAND & IN BANKS			
TRUCKS/TRAILERS OWNED			
REAL ESTATE OWNED			
OTHER ASSETS (CARS, ETC.)		OTHER DEBTS	

AUTHORIZATION	
<p>The information given above is true and complete. Lender may receive from and disclose to other persons, including credit reporting agencies, information about applicant's accounts and credit experience and applicant authorizes any person to release to Lender credit experience and account information on applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on applicant made by Lender or any person requested to release such information to lender.</p>	
DATE	SIGNATURE / TITLE

Fax To (404) 564-0337