CGM CENTRAL GULF MACHINERY

CENTRALGULFMACHINERY.COM

[337] 896-4997

3699 WEST PARK AVE, GRAY, LA 70359

LIUGONG | MANITOU | KWLA

CARENCRO | GRAY | PORT ALLEN | SHREVEPORT

KENWORTH OF LOUISIANA

CREDIT APPLICATION

Borrower/ Primary Guarantor

*Company Name: DBA:

Legal Business Type: Corp ☐ S-Corp ☐ LLC ☐ Other: State of Incorporation: *Fed Tax ID: _____ - _____

*Date of Incorporation: ____/____/____ *Business Phone: (_____)_____-_____ Signer for Business: Title:

*Physical Address: *City: *County: *State: *Zip:

Mailing Address: City: County: State: Zip:

For consideration of financing without personal guarantors please include a complete financial package. Contact the dealership Finance Manager for requirements.

*Name: *First, Middle, Last, Suffix (Jr., Sr., etc.)* *DOB: ____/____/____ *SSN: _____-_____-_____

DBA / Sole Proprietorship Name:

*Address: *City: *County: *State: *Zip:

*At above address since: ____/____/____ Prior Address: *(Required if at current address for less than 2 years)* City: State: Zip:

Ownership: _____% Email: *Phone: (_____)_____-_____

*Have you ever declared bankruptcy? ☐ Yes ☐ No

* Are you a defendant in any legal action? ☐ Yes ☐ No

*Have you ever had any item repossessed? ☐ Yes ☐ No

*If yes to any of these please explain (attach additional sheets if needed):

Cosigner/ Guarantor

PACCAR Financial requests the guaranty of all individuals with 20% or more ownership for corporate borrowers. If you reside in a community property state your spouse must be included on the application as a cosigner/guarantor and must sign the application.

Name: *First, Middle Initial, Last* DOB: ____/____/____ SSN: _____-_____-_____

Address: City: State: Zip:

Ownership: _____% Email: Phone: (_____)_____-_____

Nearest Relatives

Name *(not living with you)*	Relationship	Contact Phone	Street Address	City, State, Zip Code
		(_____)_____-_____		
		(_____)_____-_____		

Industry Experience

*Fleet Size: *Commercial Driver since: ____/____/____ *Owner Operator/Fleet since: ____/____/____

*Applicant to Drive this Purchase: ☐ Yes ☐ No CDL# *or* Driver's Name & CDL#: State:

*Is this transaction replacement of units currently operated? ☐ Yes ☐ No If *No* please explain:

Fleet Detail: # Class 8 Trucks: # Medium Duty Trucks: # Trailers: # O/O:

Income Sources

Haul/Employer Name	Contact Name	Contact Phone	Start Date	Goods Hauled	Income/ Month	% of Total Income
*	*	*(_____)_____-_____	*____/____/____	*		
		(_____)_____-_____	____/____/____			
		(_____)_____-_____	____/____/____			

Creditors

Lender Name	Contact Name	Contact Phone	Open Date	Acct Number	Collateral	Balance
*		*(_____)_____-_____	____/____/____			
		(_____)_____-_____	____/____/____			
		(_____)_____-_____	____/____/____			

The undersigned ("Applicant") hereby authorizes (1) the release of credit information to PACCAR Financial Corp. (PFC) or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and Applicant's bank, (2) PFC to share information with its affiliates, and (3) PFC to send information to Applicant by facsimile or electronic means. Applicant hereby represents that all of the information contained in this credit application is (1) true, correct, and complete, and (2) provided for the purpose of obtaining credit from PFC. The credit is for commercial use only. Married applicants can apply for an individual account. This authorization shall apply to this application and subsequently for the purposes of updating, renewal or extension of such credit and for reviewing or collecting the resulting account(s), if any. A photostatic or facsimile copy of this authorization shall be valid as the original.

_____ ____/____/____ _____ ____/____/____

SIGNATURE DATE SIGNATURE DATE