

LOAN APPLICATION



Address: 5045 S DESERT BLVD, HOUSTON, TX 77029

Phone: (915)317-5500

Email: sales@tesatrucks.com **Website:** www.tesatrucks.com

TELL US ABOUT YOURSELF

First Name			Initial			Last Name		
<input type="text"/>								
Other Names Used For Credit								
<input type="text"/>								
Date of Birth (mm/dd/yy)			Social Security No.			10-digit Phone #		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Street Address						Apartment No.		
<input type="text"/>						<input type="text"/>		
City			State			Zip Code		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
No. Dependents		Residence Type (Y/N)		Years (at residence)				
<input type="text"/>		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>		<input type="text"/>				
Mortgage/Rent Pay			Home Value			Mortgage Balance		
\$ <input type="text"/>			\$ <input type="text"/>			\$ <input type="text"/>		
Mortgage Holder/Landlord Name and Address								
<input type="text"/>								
Previous Street Address		City		State		Zip Code		Yrs.
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Employer Name				Occupation				
<input type="text"/>				<input type="text"/>				
Employment Phone(XXX)XXX-XXXX				Time Employed (yrs.& mo.)				
<input type="text"/>				<input type="text"/>				
Employer Address		city		State		Zip Code		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Employment Income			Other Income					
\$ <input type="text"/> Per <input type="text"/> month			\$ <input type="text"/> Per <input type="text"/> month					
Tax form W2 <input type="checkbox"/>				1099 <input type="checkbox"/>				
Previous Employer Name				Previous Occupation				
<input type="text"/>				<input type="text"/>				
Prev. Employment Phone (xxx)xxx-xxxx				Time Employed (yrs. & mo.)				
<input type="text"/>				<input type="text"/>				
Prev. Employer Address		City		State		Zip Code		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Total Combined Income of Both Applicants								
\$ <input type="text"/> Per <input type="text"/>								

CO-APPLICANT

First Name			Initial			Last Name		
<input type="text"/>								
Other Names Used For Credit								
<input type="text"/>								
Date of Birth (mm/dd/yy)			Social Security No.			10-digit Phone #		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
Street Address						Apartment No.		
<input type="text"/>						<input type="text"/>		
City			State			Zip Code		
<input type="text"/>			<input type="text"/>			<input type="text"/>		
No. Dependents		Residence Type (Y/N)		Years (at residence)				
<input type="text"/>		Own? <input type="checkbox"/> Rent? <input type="checkbox"/>		<input type="text"/>				
Mortgage/Rent Pay			Home Value			Mortgage Balance		
\$ <input type="text"/>			\$ <input type="text"/>			\$ <input type="text"/>		
Mortgage Holder/Landlord Name and Address								
<input type="text"/>								
Previous Street Address		City		State		Zip Code		Yrs.
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Employer Name				Occupation				
<input type="text"/>				<input type="text"/>				
Employment Phone(XXX)XXX-XXXX				Time Employed (yrs.& mo.)				
<input type="text"/>				<input type="text"/>				
Employer Address		city		State		Zip Code		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Employment Income			Other Income					
\$ <input type="text"/> Per <input type="text"/> month			\$ <input type="text"/> Per <input type="text"/> month					
Tax form W2 <input type="checkbox"/>				1099 <input type="checkbox"/>				
Previous Employer Name				Previous Occupation				
<input type="text"/>				<input type="text"/>				
Prev. Employment Phone (xxx)xxx-xxxx				Time Employed (yrs. & mo.)				
<input type="text"/>				<input type="text"/>				
Prev. Employer Address		City		State		Zip Code		
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		
Relationship to Applicant								
<input type="text"/>								

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TELL US ABOUT YOUR CREDIT History

How many years with CDL?

Owner operator experience?

Or transportation company?

Tell us about your credit

How would you rate you credit?

Great Average Below Average Bad

Have you had Repos?

Yes No

Had any Bankruptcy ?

Yes No

owe child support?

Yes No

TELL US ABOUT YOUR CREDIT History (CO-APPLICANT)

How many years with CDL?

Owner operator experience?

Or transportation company?

Tell us about your credit

How would you rate you credit?

Great Average Below Average Bad

Have you had Repos?

Yes No

Had any Bankruptcy ?

Yes No

owe child support?

Yes No

Additional Information:

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 If you are filling out this form Co -Applicant
digitally, type in your social security number as your

X

Date:

signature. Thank you.

X

Date:

LOAN APPLICATION



Address: 5045 S Desert Blvd, Houston, TX 77029

Phone: (915)317-5500

Email: sales@tesatrucks.com

Website: www.tesatrucks.com

Applicant's Name:

Date:

Client:

1. Current Driver License (copy) + Social Security (copy)