

UTILITY TRAILER SALES COMPANY OF ARIZONA  
8710 W Roosevelt Street  
Tolleson, AZ 85353  
PHONE (602) 254-7213 FAX (602) 744-0432

CREDIT APPLICATION

COMPANY NAME \_\_\_\_\_ EIN# \_\_\_\_\_  
APPLICANT NAME \_\_\_\_\_ SSN# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DRIVER'S LIC# \_\_\_\_\_ COUNTY \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ INSURANCE AGENT NAME AND PHONE NUMBER  
\_\_\_\_\_

**HAUL REFERENCES: (need two years driving history)**

HAULING FOR: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
HAULING FOR: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EQUIPMENT:**

TRUCK MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_  
DID YOU FINANCE THIS TRUCK? YES / NO FINANCE COMPANY \_\_\_\_\_  
TRUCK/TRAILER: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_  
DID YOU FINANCE THIS EQUIPMENT? YES / NO FINANCE COMPANY \_\_\_\_\_

HOW LONG HAVE YOU BEEN DRIVING A TRUCK? \_\_\_\_\_  
HOW LONG HAVE YOU BEEN AN OWNER/OPERATOR? \_\_\_\_\_  
HOW MANY TRUCKS DO YOU OWN? \_\_\_\_\_ HOW MANY TRAILERS? \_\_\_\_\_  
HAVE YOU EVER DECLARED BANKRUPTCY? YES / NO  
WHEN? \_\_\_\_\_ STATUS? \_\_\_\_\_  
HAVE YOU EVER HAD A VEHICLE REPOSSESSED? YES / NO  
WHEN? \_\_\_\_\_ STATUS? \_\_\_\_\_

I authorize all references to release any information that may be requested as necessary to secure credit approval.  
I authorize Utility Trailer Sales Company of Arizona and its assigns and affiliates to investigate my  
personal credit, business references and to release my information for the purpose of extending credit  
for this purchase. I certify that the information provided herein is true and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_