



UTILITY TRAILER SALES OF N.J.
589 NASSAU STREET
NORTH BRUNSWICK, NJ 08902

PLEASE PRINT OR TYPE

CREDIT APPLICATION

PERSONAL INFORMATION			
NAME FIRST	MIDDLE INITIAL	LAST	DATE OF APPLICATION
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	NO. OF DEPENDENTS
ADDRESS		PHONE NUMBER	
CITY, STATE, ZIP CODE		HOW LONG AT THIS ADDRESS? YRS.	HOW LONG IN AREA? YRS.
FORMER ADDRESSES (FIVE YEAR MINIMUM)		CITY, STATE, ZIP CODE HOW LONG?	
BUSINESS NAME		BUSINESS TAX I.D. NUMBER	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)		BUSINESS PHONE NUMBER	

EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)			
1	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD HOW LONG?
2	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD HOW LONG?
3	NAME AND ADDRESS OF COMPANY	PHONE NO.	POSITION(S) HELD HOW LONG?

COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN COMMUNITY PROPERTY STATE.			
SPOUSE'S NAME (FIRST, M.I., LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER		POSITION(S) HELD	HOW LONG?
NEAREST RELATIVES NOT LIVING WITH YOU SELF		ADDRESS	RELATIONSHIP
SPOUSE			
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW	
HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW			
EXPLANATION:			

TRUCK USAGE			
HOW LONG AS OWNER/OPERATOR? YRS.	OPERATOR LICENSE NUMBER	STATE	DATE
DRIVER'S NAME (FIRST, M.I., LAST)		ADDRESS	
YEARS OF EXPERIENCE YRS.	OPERATOR LICENSE NUMBER	STATE	DATE
TRUCK TO WORK FOR - COMPANY NAME		ADDRESS	
IF TRUCKING - BETWEEN WHAT POINTS		OFF-HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE MILEAGE PER MONTH

FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED		
NAME OF AGENT	ADDRESS	PHONE NO.
NAME OF COMPANY	ADDRESS	COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS:

