

# Porter Truck Sales, L.P.

## Houston location:

135 McCarty Street  
Houston, TX 77029

(713) 672-2400 Local • (800) 856-2400 Wats • (713) 672-1762 Fax

## Dallas location:

1200 N HWY 310 @ I-45  
Hutchins, TX 75141

(972) 225-2480 Local • (800) 446-2480 Wats • (972) 225-2490 Fax

### I. APPLICANT INFORMATION

|                              |  |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
|------------------------------|--|------------------------------------|-------------|----------------------------|----------------------|--------------------|-------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Full Name:                   | _____  | Birth Date:                        | _____       | Age:                       | _____                | No. of Dependents: | _____             | <input type="checkbox"/> | Proprietorship           |                          |                 |
| S.S. No.:                    | _____  | Driver Lic. No. (State, Exp. Date) | _____       |                            |                      |                    |                   |                          |                          | <input type="checkbox"/> | Non Profit Org. |
| Phone No. Business:          | _____  | Residence:                         | _____       | Cell:                      | _____                |                    |                   |                          |                          | <input type="checkbox"/> | Corporation     |
| Email Address:               | _____  |                                    |             |                            |                      |                    |                   |                          | <input type="checkbox"/> | Tax Id # _____           |                 |
| Spouse:                      | _____  |                                    | Birth Date: | _____                      |                      | S.S. No. _____     |                   |                          |                          |                          |                 |
| Phone No. Business:          | _____  | Cell:                              | _____       |                            | Email Address: _____ |                    |                   |                          |                          |                          |                 |
| Present Address:             | _____  |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
|                              | Street (if RR, Give Directions to Location)                      |                                    |             |                            | City                 |                    | State             |                          | Zip Code                 |                          |                 |
| How Long at Present Address? | Yrs. _____   | <input type="checkbox"/>           | Rent        | <input type="checkbox"/>   | Own _____            |                    |                   |                          |                          |                          |                 |
|                              | Mortgage Payable To/Or Landlord (Name, Address, Phone No.) _____ |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
| Former Address:              | _____  |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
|                              | Street   |                                    |             |                            | City                 |                    | State             |                          | Zip Code                 |                          |                 |
| Corporation:                 | _____  |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
|                              | Company Name   |                                    |             | Incorporated in What State |                      |                    | Date Incorporated |                          | Date in Business         |                          |                 |
| Principal:                   | _____  |                                    |             |                            |                      |                    |                   |                          |                          |                          |                 |
|                              | Name   | Title                              | Age         | % Owned                    | Name                 | Title              | Age               | % Owned                  |                          |                          |                 |

### DRIVER'S INFORMATION

|                                |   |            |                      |       |             |       |             |       |          |
|--------------------------------|---|------------|----------------------|-------|-------------|-------|-------------|-------|----------|
| Purchaser to Drive:            | <input type="checkbox"/>                    | es         | If no, Driver's Name | _____ | Lic. No.    | _____ | Birth Date: | _____ |          |
| Drivers Address:               | _____                                       |            |                      |       |             |       |             |       |          |
|                                | Street (if RR, Give Directions to Location) |            |                      |       | City        |       | State       |       | Zip Code |
| Driver's Phone No. - Business: | _____                                       | Residence: | _____                |       | Cell: _____ |       |             |       |          |

### REFERENCES

|   |        |      |       |           |              |
|---|--------|------|-------|-----------|--------------|
| Nearest Relatives Not At Above Address: |        |      |       |           |              |
| Name                                    | Street | City | State | Phone No. | Relationship |
|   |        |      |       |           |              |
| Name                                    | Street | City | State | Phone No. | Relationship |
|   |        |      |       |           |              |
| Name                                    | Street | City | State | Phone No. | Relationship |
|   |        |      |       |           |              |
| Name                                    | Street | City | State | Phone No. | Relationship |
|   |        |      |       |           |              |

## II. EMPLOYMENT

### Present and Past Employment for Five Years

#### Present Employment

|                                      |                      |                      |
|--------------------------------------|----------------------|----------------------|
| Name of Company: _____               | Your Position: _____ | How Long: _____      |
| Address: _____                       | Contact: _____       | Contact Phone: _____ |
| How Long As CDL holder? _____        |                      |                      |
| How Long As An Owner/Operator? _____ |                      |                      |
| Describe Nature of Business: _____   |                      |                      |
| Current Monthly Income: _____        |                      |                      |
| Vehicle Storage Location: _____      |                      |                      |
| Physical Address                     | City                 | State      Zip Code  |

#### Past Employment

|                        |                      |                 |  |
|------------------------|----------------------|-----------------|--|
| Name of Company: _____ | Contact: _____       | Phone No. _____ |  |
| Address: _____         | Your Position: _____ | How Long: _____ |  |
| Name of Company: _____ | Contact: _____       | Phone No. _____ |  |
| Address: _____         | Your Position: _____ | How Long: _____ |  |

## III. HAUL REFERENCES

If self employed, please list everyone that you haul for or will be hauling for.

|                        |   |                 |  |
|------------------------|---|-----------------|--|
| Name of Company: _____ | Contact: _____  | Phone No. _____ |  |
| Address: _____         | Will You Lease with Company? <input type="checkbox"/> Yes / <input type="checkbox"/> No | How Long: _____ |  |
| Name of Company: _____ | Contact: _____  | Phone No. _____ |  |
| Address: _____         | Will You Lease with Company? <input type="checkbox"/> Yes / <input type="checkbox"/> No | How Long: _____ |  |
| Name of Company: _____ | Contact: _____  | Phone No. _____ |  |
| Address: _____         | Will You Lease with Company? <input type="checkbox"/> Yes / <input type="checkbox"/> No | How Long: _____ |  |
| Name of Company: _____ | Contact: _____  | Phone No. _____ |  |
| Address: _____         | Will You Lease with Company? <input type="checkbox"/> Yes / <input type="checkbox"/> No | How Long: _____ |  |

**IV. APPLICANT'S FINANCIAL AND CURRENT STATEMENT**

| ASSETS (What is owned)                            |                 |       | LIABILITIES (What is owed)                                   |             |           |           |             |         |              |
|---|-----------------|-------|--|-------------|-----------|-----------|-------------|---------|--------------|
| Cash on Hand                                      |                 | Value | Account Payable (Debt such as Doctor, Fuel Bill, Visa, Etc.) |             |           |           |             |         |              |
| Bank Name   | City, State     |       | Company  | City, State | Acct. No. | Phone No. | Amount Owed |         |              |
| Checking  |                 |       |  |             |           |           |             |         |              |
| Savings   |                 |       |  |             |           |           |             |         |              |
| Loan  |                 |       |  |             |           |           |             |         |              |
| Accounts Receivable                               | (From Whom Due) |       | Total Accounts Payable                                       |             |           |           |             |         | \$           |
| Real Estate (Describe):                           |                 |       | Financed By:   | City, State | Acct. No. | Contact   | Phone No.   | Payment | Balance Owed |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
| <b>Commercial Truck(s) Owned</b>                  |                 |       |  |             |           |           |             |         |              |
| <b>Year Make Model Description:</b>               |                 |       | Financed By:   | City, State | Acct. No. | Contact   | Phone No.   | Payment | Balance Owed |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
| <b>Trailers Owned (Semi, Utility, Commercial)</b> |                 |       |  |             |           |           |             |         |              |
| <b>Year Make Model Description:</b>               |                 |       | Financed By:   | City, State | Acct. No. | Contact   | Phone No.   | Payment | Balance Owed |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
| Auto and Other Equipment Owned (Describe):        |                 |       | Financed By:   | City, State | Acct. No. | Contact   | Phone No.   | Payment | Balance Owed |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
| Other Assets (Describe):                          |                 |       | Financed By:   | City, State | Acct. No. | Contact   | Phone No.   | Payment | Balance Owed |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
|   |                 |       |  |             |           |           |             |         |              |
| <b>TOTAL ASSETS \$</b> _____                      |                 |       | <b>TOTAL LIABILITIES \$</b> _____                            |             |           |           |             |         |              |

**V. APPLICANTS CREDIT HISTORY**

**TAKEN BANKRUPTCY WITHIN 10 YEARS?**     No     Yes \_\_\_\_\_ Year   
 **ANY ITEMS REPOSSESSED?**     No     Yes \_\_\_\_\_

**IF YES, ATTACH EXPLANATION**

The information given above is true and complete. Porter Truck Sales, L.P., and/or its agents, 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 Porter Truck Sales, L.P. and/or its agents, 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 Porter Truck Sales, LP, or any person requested to release such information to Porter Truck Sales, L.P., and/or its assigns/agents

By \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature

By \_\_\_\_\_ Date \_\_\_\_\_  
Spouse's Signature