



To: **MHC Financial Services, Inc.**

1600 N. CORRINGTON  
KANSAS CITY, MO 64120

PHONE (816) 921-8600 • FAX (816) 921-7790

**CREDIT APPLICATION**

PLEASE TYPE OR PRINT

Attn: **Brian Fulgham @ FAX #: (816) 921-7790**

**PERSONAL INFORMATION**

DATE OF APPLICATION		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			NUMBER OF DEPENDENTS
NAME (FIRST, MIDDLE INITIAL, LAST)			SOCIAL SECURITY NUMBER		DATE OF BIRTH
ADDRESS PHYSICAL		CITY, STATE, ZIP CODE		TIME AT ADDRESS YRS	MOS <input type="checkbox"/> OWN <input type="checkbox"/> RENT PAYMENT
HOME PHONE	PAGER/MOBILE PHONE	FAX NUMBER	E-MAIL ADDRESS		CDL NO.
PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS AT CURRENT ADDRESS)			CITY, STATE, ZIP CODE		HOW LONG? YRS MOS
NEAREST RELATIVE NOT LIVING WITH YOU		ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)		PHONE NUMBER	RELATIONSHIP TO YOU

**BUSINESS EMPLOYMENT INFORMATION**

CONTRACT TO BE IN BUSINESS NAME <input type="checkbox"/> YES <input type="checkbox"/> NO		BUSINESS NAME	NUMBER OF YEARS IN BUSINESS/TIME EMPLOYED	BUSINESS TAX ID NUMBER
<input type="checkbox"/> DBA <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> 'S' CORPORATION <input type="checkbox"/> 'C' CORPORATION <input type="checkbox"/> LLC				
ADDRESS		CITY, STATE, ZIP CODE		WORK NUMBER
FAX NUMBER				
YEARS EXPERIENCE AS DRIVER	YEARS EXPERIENCE AS OWNER/OPERATOR	NUMBER OF TRUCKS CURRENTLY OWNED	NUMBER OF TRAILERS CURRENTLY OWNED	
CURRENT EMPLOYER	PHONE NO.	CONTACT NAME	HOW LONG	
PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS)	PHONE NO.	CONTACT NAME	HOW LONG	
NEXT PREVIOUS EMPLOYER (IF LESS THAN 5 YEARS)	PHONE NO.	CONTACT NAME	HOW LONG	

**HAULING REFERENCES/MAJOR CUSTOMER**

TRUCK TO WORK FOR (PRIMARY REVENUE SOURCE)		ADDRESS (INCLUDING CITY, STATE, ZIP CODE)			
PHONE	CONTACT	MONTHLY GROSS INCOME	COMMODITY HAULED	OFF HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO	
PURCHASER TO DRIVE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, PROVIDE INFORMATION ON PERSON WHO WILL DRIVE TRUCK	DRIVERS NAME	ADDRESS (INCLUDING CITY, STATE, ZIP CODE)		
YEARS OF EXPERIENCE	SOCIAL SECURITY NUMBER	CDL NO.	HOME NUMBER	PAGER/MOBILE NUMBER	

**PRIOR TRUCK AND TRAILER PURCHASES**

IS THIS YOUR FIRST TRUCK/TRAILER PURCHASE <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS PURCHASE A: <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ADDITION		HAVE YOU EVER FINANCED A TRUCK/TRAILER <input type="checkbox"/> NO <input type="checkbox"/> YES – PLEASE LIST BELOW	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER		DATE FINANCED	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER		DATE FINANCED	
YEAR, MAKE, MODEL	FINANCED BY	PHONE NUMBER		DATE FINANCED	

HAVE YOU EVER FILED 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		

