Florida Shores Truck Center Credit Application

Please Complete and return to:

Address:

Description of Equipment to be financed:

P.O. Box 880 Edgewater, Fl 32132 or

3220 W. State Rd 442 Edgewater, Fl 32141

Jason Aldridge fstc1@hotmail.com Cell (386)-689-5856

Office (386) 428-0841

					⁷ ax: (386)-	:: (386)-428-0338					
Business Name:									Phone	#:	
Address:	City	State	e	Zip			Cou	unty	Fax #:		
Email Address:		Years	in Business:	Mart	ial Sta	ıtus:			Cellula	ır #:	
Have you ever filed bankruptcy or had a re	epossession?	State	of Incorporation	on:					Federal	l Tax I	ID #:
Q Principal's Name:						Title:	:	% Own	Social	Securi	ty#
Home Address	Address City			State	State Zip			<u>Lip</u>	Home Phone #		
2 nd Principal's Name (Spouse or Co-Signer):					Title:		e:	% Own	Social	Social Security #	
Home Address	City			State	State		Zip H			Home Phone #	
Bank References											
Bank Reference (business checking):	nk Reference (business checking): Accou		ount #:		Date Opened		Phone #:			Contact Name:	
Loan/ Lease Reference:	Accor	Account #:		Date Opened		ed	Phone #:			Contact Name:	
References											
Hauling Reference: Ad		Address	.ddress:		Contact Name:		I	Phone #:		Weekly Income:	
Nearest relative not living with you:		s:	Relation		onship:	onship: F			County:		
Equipment Information											
Dealer Name:			Phone #:				Fax #:	Fax #:			

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to NCC or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be considered as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

State

Zip

Contact

dDollar Amount

Term

Release: I hereby release the above banks and references to release credit information to any inquiring funding source.

City

Signature		
Signature	•	

NY A B 4120								PAGE 2 of 2			
NAME:											
ADDRESS:	ADDRESS: SOCIAL SECURITY #										
The undersigned for the purpose of inducing N extensions to the undersigned, or to have the ur Bank with the following financial statement of represents and warrants to the Bank that the fol regarded as continuing representation and warron each such occasion, true and specifically machine. ASSETS	ndersigned bec the below date llowing statem anty on each o	come obligated to e and until the und nents true and spec occasion that the u	the Ban dersigne cifically undersign	k in a manner d gives to the made for the a ned shall beco	directly or contingentl Bank a new statement above stated purpose, a	ly, alone or join or a notice in wand further agre	tly with o riting to t es that thi	others, furnishes the the contrary, is statement shall be			
Cash in Bank Notes Payable								T			
Cash in IRA's and 401K's]	Notes Payable other							
Stock and Bonds]	Installment Accounts Payable							
Cash Surrender Value of Life Insurance I	Policy		(Other Accounts Payable							
Vehicles (see below)]	Mortgage on	Real Estate						
Real Estate (see below)			(Other Liabili	ties (describe)						
(A) TOTAL	ASSSETS			(B) TOTAL LIABILITIES							
					(A) -	(B) = NET W	ORTH				
Valida Description		VEHIO Current Value	1	OWNED	Dalaman	Т .	O-lainati	D1-			
Vehicle Description		Surrent value	Un	ginal Cost	Balance	,	Originating Bank				
	$\overline{}$		-								
		RE.	AL ES	TATE							
Location of Real Estate	Owned			rent Value	Original Cost	Date of Pur	Date of Purchase Mortgage Balar				
			INCO	ME							
Year to date Gross Bus	iness Income -	+ Other Income			ns & Expenses (Fuel, I	nsurance)	= (Operating Profit			
		INSURANO	CE INI	EODMATI	ON .						
Name of Company		Name of Agent	CE IIII	UKIVIAII	Address	Phone Number		Fax Number			
			·								
Are you a co-signer, endorser, or guarantor for		gations not listed	1		ist below:						
Company or Individual	Address	ss		et. Number	Original Amt.	Unpaid Balance		Monthly Payment			
Please list any particulars separately for each type of stock, bond or other asset owned:											
No. of Items Description						Cost		Market Value			
Have you any judgments, garnishments, or legal processing against you? If so please explain by letter. The undersigned certifies that the above information is true and correctly sets forth the financial condition of the applicant.											
Signature Date											