

**Brokers Investment Corp.**

A Division of Hissong Group Inc.

**Providing Financial Services for:**  
 KENWORTH OF RICHFIELD  
 KENWORTH OF CANTON  
 KENWORTH OF CANTON  
 KENWORTH OF CHILLICOTHE

**COMMERCIAL CREDIT APPLICATION**

**I. PLEASE PRINT - ANSWER ALL QUESTIONS**

**Date:** \_\_\_\_\_

Full and Exact Name of Company or Individual:		Phone No.	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual		Must Complete Section V. Page 2
Street Address:	City:	State:	Zip:	In Business Since: _____	
					At This Location: _____ Years

Billing Address if other than above (include phone no. if different) \_\_\_\_\_

Person to Contact for Billing \_\_\_\_\_

**II. TRANSPORTATION EQUIPMENT PRESENTLY OPERATING:**

Number	Year	Make	Model	Financed/Leased Through	City/State	Phone No.

Number of Owner Operators you Employ: \_\_\_\_\_ Equipment maintenance done In-House: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ No. of bays on site: \_\_\_\_\_

Outside service: \_\_\_\_\_

**III. CREDIT REFERENCES: Please list 3 references below.**

Name	Location	Phone No.	Fax No.	Contact Name	Acct. No.	Type

**IV. COMPANY INFORMATION:**

Type of Operation: \_\_\_\_\_ Common Carrier  
 \_\_\_\_\_ Contract Carrier  
 \_\_\_\_\_ Private Fleet  
 \_\_\_\_\_ Other: \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Contract/ Leased To	Name	Location	Phone
Commodities Hauled			
Area(s) Hauled			

**V. PERSONAL INFORMATION FOR COMPANY PRINCIPALS**  
 (Partners or individuals must complete)

FULL NAME	SOC SEC NO	DATE OF BIRTH	HOME ADDRESS	HOME PHONE

**LIST NAME AND ADDRESS OF ANY OTHER COMPANY OWNED OR OPERATED UNDER NOW OR IN THE PAST 5 YEARS**  
 (List parent corporation if applicant is a subsidiary)

NAME	ADDRESS	TYPE OF BUSINESS