

Western Michigan International Trucks LLC

Owner/Operator

215 Hall Street SW, Grand Rapids, MI. phone: (616) 241-4656, fax: (616) 249-3743

Applicant Name: _____ Birthdate: _____

Social Security #: _____ Driver's License#: _____ State: _____

Home Address (city, state & zip): _____

County: _____ Rent or Own: _____ How Long? _____

Marital Status: _____ No. Dependents: _____ e-mail address: _____

Phone #: _____ Fax #: _____

Co-Applicant/Spouse etc: _____ Social Security #: _____ Birthdate: _____

Home Address (city, state & zip): _____ Phone #: _____

Products Hauled: _____ Avg. Annual Miles: _____ Years Experience: Driver: _____

Owner: _____ Annual Revenue: _____ Based on: per mile\$: _____ % Revenue: _____

Contract Lease with: _____ Phone #: _____ Contact Name: _____

Currently Owned: # of Trucks/Tractors: _____ # of Trailers: _____

Name of Equipment Lenders: _____ Account #: _____ Phone #: _____ Contact Name: _____

Ever Filed Bankruptcy: Yes _____ No: _____ Date: _____ Chapter: _____

Ever Had Vehicles Repossessed: Yes: _____ No: _____ Date: _____

If Yes, please explain: _____

I/WE hereby authorize the release of all credit information, including loans, leases, checking, savings, trade/haul references, equipment lender references & personal credit history pertaining to the personnel listed below to Western Michigan International Trucks, LLC. and any affiliate or assignee of Western Michigan International Trucks, LLC. Such authorization shall extend to subsequent updates for credit or collection purposes. All of the personnel signing below are 18 years of age or older. A photostatic or facsimile copy of this authorization shall be valid as the original.

I/We further represent that said equipment shall be used for a commercial purpose and shall not be used for any unlawful purpose.

Applicant: X _____ Date: _____

Co-Applicant: X _____ Date: _____