

Truck & Trailer Lease Application



1307 W. 6th St. # 220D, Corona CA 92882
Ph (951) 898-5797 Fax (951) 898-9738

Business Information

Business Name _____ Federal Tax ID# _____
Business type: Sole Proprietorship C Corporation S Corporation Partnership LLC LLP
Business Description _____ Date founded ____/____/____
Street Address _____ City _____ State _____ Zip _____
Bus. Telephone (____) _____ Bus. Fax (____) _____ Number of Employees _____
% of Ownership _____ Last Year Annual Sales _____ Annual Net Profit _____

Applicant Personal Information

Name: (First) _____ (Middle) _____ (Last) _____
Social Security # _____ Marital Status: Married Unmarried Separated Citizen: Yes No
Date of Birth _____ Driver License # _____ State Issued _____ Expire _____
Home Address: _____ City _____ (State) _____ (ZIP) _____
Own Rent Other Years at current address _____ Monthly Housing Pmt: \$ _____
Telephone: (____) _____ Cell: (____) _____ Fax: (____) _____
Previous Address : _____ City _____ (State) _____ (ZIP) _____
Years at Previous address _____ Number of dependants: _____ Ages of dependants: _____

Applicant Employment Information

Current Employer Name: _____ Length of employment: _____ Years _____ Months
Employer Address: _____ City _____ State _____ Zip _____
Business Phone: (____) _____ Position _____ Annual Salary \$ _____
Previous Employer Name: _____ Length of employment: _____ Years _____ Months
Employer Address: _____ City _____ State _____ Zip _____
Business Phone: (____) _____ Position _____
Nearest Relative: _____ Address: _____
Phone: (____) _____ Relationship: _____

Co-Applicant Information

Name: (First) _____ (Middle) _____ (Last) _____
Social Security # _____ Marital Status: Married Unmarried Separated Citizen: Yes No
Date of Birth _____ Driver License # _____ State Issued _____ Expire _____
Home Address: _____ City _____ (State) _____ (ZIP) _____
Own Rent Other Years at current address _____ Monthly Housing Pmt: \$ _____
Telephone: (____) _____ Cell: (____) _____ Fax: (____) _____

Co-Applicant Employment Information

Current Employer Name: _____ Length of employment: _____ Years _____ Months
Employer Address: _____ City _____ State _____ Zip _____
Business Phone: (____) _____ Position _____ Annual Salary \$ _____

Your Bank Information

Name of Your Bank _____ Account Number _____ Avg. Balance _____

Equipment Finance Reference: _____ Account Number _____

Contact _____ Phone _____ Amount Financed _____

Trade Reference _____ Contact _____ Phone _____

Trade Reference _____ Contact _____ Phone _____

Your Financial Information

Assets	Amount	Liabilities	Amount
Cash in Banks	\$	First Mortgage	\$
Stocks/Bonds	\$	2 nd Mortgage	\$
Retirement Accounts	\$	Auto Loan	\$
Cash Value Life Insurance	\$	Notes Due Banks	\$
Real Estate Value	\$	Credit Card Debts	\$
Automobiles	\$	Other Debts	\$
Other Assets	\$	Total Liabilities	\$
Total Assets	\$	Net Worth	\$

Equipment Specification: Sale Price \$ _____ Down Payment \$ _____
Year _____ Make _____ Model _____ Color _____ VIN # _____
Engine Make / Model _____ Horse Power _____ Speed _____
Transmission Make / Model _____ Gross Vehicle Weight _____ Mileage _____
Front Axle (12K, 14K, ETC) _____ Rear Axel (38K, 40K, ETC) _____
CAB/Sleeper (48", 60", ETC) _____ Raised Roof _____ Integrated _____
Remainder of MFR Warranty : 1 Year 100K Miles 2 Year 200K Miles 5 Year 500K Miles
Remainder MFR Warranty on Rear Axle/Trans to 750K miles: Yes No
Extended Warranty with purchase 1 Year 100K Miles 2 Year 200K Miles
Name of Equipment Vendor / Seller _____ Website _____
Seller's Contact _____ Phone Number (_____) _____

Comments: _____

I/we herby certify that the above information is valid and correct to the best of my / our knowledge. By signing below, the undersigned individual(s) provides this written instruction to Happy Investments Inc., or its assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of his application and subsequently for the purpose of update, renewal or the extension such credit or additional credit and for reviewing and collection the resulting account. I/we agree to grant Happy Investments Inc. access to credit information for no greater than 90 days. A Photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individual(s) identified in the related application.

Applicant Signature _____ Date: _____ Co-Applicant Signature _____ Date: _____