

# ITC ACCEPTANCE CO.

2843 South Holt Road

Indianapolis, IN 46241

317-243-1663

Fax 317-240-1253

**PLEASE PRINT OR TYPE**

## CREDIT APPLICATION

PERSONAL INFORMATION										
NAME FIRST			MIDDLE INITIAL			LAST			DATE OF APPLICATION	
SOCIAL SECURITY NUMBER			DATE OF BIRTH			MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Widowed, Divorced)			<input type="checkbox"/> SEPARATED NO. OF DEPENDENTS	
ADDRESS						PHONE NO./HOME		CELL PHONE		
CITY, STATE, ZIP CODE						HOW LONG AT THIS ADDRESS?		HOW LONG IN AREA?		
						YRS.		YRS.		
SPOUSE'S NAME (FIRST, M.I., LAST)						DATE OF BIRTH		SOCIAL SECURITY NO.		
SPOUSE'S EMPLOYER						POSITION(S) HELD		HOW LONG?		
								YRS.		
NEAREST RELATIVES NOT LIVING WITH YOU			ADDRESS			PHONE NUMBER/CODE				
FORMER ADDRESSES (FIVE YEAR MINIMUM)					CITY, STATE, ZIP CODE			HOW LONG		
BUSINESS NAME					E-MAIL ADDRESS		BUSINESS TAX I.D. NUMBER			
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)					E-MAIL ADDRESS		BUSINESS PHONE NUMBER			
EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)										
1. NAME AND ADDRESS OF COMPANY				PHONE NO.		POSITION(S) HELD		HOW LONG?		
2. NAME AND ADDRESS OF COMPANY				PHONE NO.		POSITION(S) HELD		HOW LONG?		
3. NAME AND ADDRESS OF COMPANY				PHONE NO.		POSITION(S) HELD		HOW LONG?		
TRUCK USAGE / HAULS FOR										
HOW LONG AS OWNER/ OPERATOR?		OPERATOR LICENSE		STATE		DATE		PURCHASER TO DRIVE?		
YRS.								IF NO, PROVIDE INFORMATION BELOW <input type="checkbox"/> YES <input type="checkbox"/> NO ON PERSON WHO WILL DRIVE TRUCK.		
DRIVER'S NAME (FIRST, M.I., LAST)			ADDRESS				PHONE NUMBER			
YEARS OF EXPERIENCE		OPERATOR LICENSE		STATE		DATE		SOCIAL SECURITY NUMBER		
YRS.										
TRUCK LEASED TO - COMPANY NAME			ADDRESS				TELEPHONE NUMBER WITH AREA CODE			
IF TRUCKING - BETWEEN WHAT POINTS?				CONTACT PERSON		OFF HIGHWAY USE		AVERAGE MILEAGE PER MONTH		
						<input type="checkbox"/> YES <input type="checkbox"/> NO				
FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED										
AGENT										
NAME OF COMPANY			ADDRESS			COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION?				
						<input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS:				