



CREDIT APPLICATION

Legal Business Name:								
Business Phone:		Cell Phone:		Contact:		Title:		
Address:				City:			State:	Zip:
Industry:			Time in Business:			Email:		
Tax ID / EIN #:		Home Owner:		Website:				

Trucking Only:

Years with CDL:		Local or Long Haul:		# of Trucks in Fleet:	
Years as Owner Operator:		Replacement or Addition:			

Equipment Information:

Vendor:			Phone:		Email:		
Contact:		Equipment:				Cost:	\$

Ownership Information:

Legal Name	%	Title	Social Security	Home Address

By checking the box below, the individual(s) named below, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides authorization to iLEX Enterprises Inc or its designee (and any assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau - Trans Union or EquiFax. 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 valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the related application and warrant that all credit and financial information submitted here with or any time is true and correct and authorize verification of information provided.

Authorized: [X] YES	By:		Date:	
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Authorized: [X] YES	By:		Date:	
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