



Autovan LLC
12022 Delta St.
Taylor, MI 48180
PH: 866-947-9119 FAX: 734-947-9110

CREDIT APPLICATION

APPLICANT DATA

COMPANY NAME / LEGAL NAME:		# OF EMPLOYEES:	BUSINESS START DATE:	YRS IN BUS INDUSTRY:
MAILING ADDRESS:		CITY, STATE, ZIP:		COUNTY:
GARAGE ADDRESS:		CITY, STATE, ZIP:		COUNTY:
CONTACT NAME:	TITLE:	OFFICE PHONE:	CELL PHONE:	PAGER #:
TYPE OF BUSINESS (CHECK ONE): <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC		FEDERAL TAX ID#:	STATE INCORP.:	E-MAIL ADDRESS:

OWNER DATA (Attach separate sheet if necessary)

	1.	2.	3.
NAME:			
TITLE IN BUSINESS:			
RESIDENCE ADDRESS:			
CITY, STATE, ZIP:			
HOME PHONE:			
SOCIAL SECURITY #:			
DATE OF BIRTH:			
% OF OWNERSHIP (MUST = 100%):			

FLEET DATA (Attach separate sheet if necessary)

YEAR/MAKE/MODEL	EQUIPMENT FINANCED AT	BALANCE	MONTHLY PAYMENT

BANK REFERENCE

BANK NAME	ADDRESS (CITY,STATE)	ACCOUNT NUMBER	TELEPHONE NUMBER & CONTACT

TRADE REFERENCE

TRADE NAME	ADDRESS (CITY,STATE)	ACCOUNT NUMBER	TELEPHONE NUMBER & CONTACT

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Autovan LLC, its assigns and any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.

***** PLEASE SIGN BELOW *****

SIGNATURE:	TITLE:	DATE:
------------	--------	-------