

# Pozzo Truck Center

3001 E 15<sup>th</sup> Place  
 Gary, IN 46403  
 Phone: 219-883-8581  
 Email to: jnemeth.pozzotruckcenter@gmail.com

# Pozzo Illinois

94 E Sauk Trail  
 South Chicago Heights, IL 60411  
 Phone: 708-755-8500  
 Email to: jnemeth.pozzotruckcenter@gmail.com

Applicant Date Of Birth: \_\_\_\_\_

## APPLICANT INFORMATION

Name of Borrower		<input type="checkbox"/> Owns home <input type="checkbox"/> Rents home		Phone ( )	
Address				Fax ( )	
City		State	Zip	County of residence	
Federal I.D. or Social Security Number			Pager ( )		Cell Phone ( )
Borrower is (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp.			Year Started		Year Incorporated: _____ State Incorporated: _____
Current Fleet Size No. Trucks _____ Trailers _____		Purpose <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion		E-mail address	
For Owner-Operators: (Highway)	Is this your first truck purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long as an Owner-Operator? ___yrs. ___mos.	Driving experience ___yrs. ___mos.	Driver exp. if other than owner ___yrs. ___mos.	
Vocational:	Years in business	1 <sup>st</sup> truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Usage: <input type="checkbox"/> Aggregate <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> General Other _____		
1. Owner Name (May be Same As Borrower if Individual)		% Owned	Title	Social Security Number	
Address		City	State	Zip	
2. Owner Name		% Owned	Title	Social Security Number	
Address		City	State	Zip	
Nearest Relative Name & Relationship		Relative's address		Phone of relative ( )	

## CREDIT REFERENCES

Bank Name		Account Number	Contact	Phone ( )
Finance Reference	Collateral	Account Number	Contact	Phone ( )
Finance Reference	Collateral	Account Number	Contact	Phone ( )
Major Trade Reference		Goods Purchased	Contact	Phone ( )
Major Trade Reference		Goods Purchased	Contact	Phone ( )

## HAULING REFERENCES / WORK SOURCES

1. Company Hauling For	Product Hauled	How Long? ___yrs. ___mos.	Contact	Phone ( )
2. Company Hauling For	Product Hauled	How Long? ___yrs. ___mos.	Contact	Phone ( )

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES VOLVO FINANCIAL SERVICES, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. VOLVO FINANCIAL SERVICES, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH VOLVO FINANCIAL SERVICES. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY VOLVO FINANCIAL SERVICES, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
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