

Download the form and fill it out.
Then send it to this email:
bill@ascenttransportation.com



CREDIT APPLICATION

NAME		SOCIAL SECURITY NUMBER		
DATE OF BIRTH	DRIVER'S LICENSE NUMBER		STATE	EXPIR. YEAR
PHONE NUMBER		E-MAIL		
ADDRESS		CITY	STATE	ZIP
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?		OWN/RENT/OTHER?		MONTHLY COST
PREVIOUS ADDRESS (If less than 3 years at the address above)				
EMPLOYMENT HISTORY - 3 YEARS MINIMUM IF OWNER OPERATOR - 3 YEARS OF HAUL REFERENCES MINIMUM				
CURRENT EMPLOYER/HAUL		LENGTH OF EMPLOYEMENT	PHONE #	
PREVIOUS EMPLOYER/HAUL		LENGTH OF EMPLOYEMENT	PHONE #	
PREVIOUS EMPLOYER/HAUL		LENGTH OF EMPLOYEMENT	PHONE #	
MONTHLY GROSS INCOME		NAME OF BANK		MONEY AVAILABLE FOR DOWN PAYMENT
CURRENT COMMERCIAL VEHICLES/TRAILERS	YEAR	MAKE & MODEL	MILEAGE	PAYOFF AMOUNT
	YEAR	MAKE & MODEL	MILEAGE	PAYOFF AMOUNT
WHO WILL YOU BE DRIVING FOR?		HOW LONG?	CDL:	OO:

	YES	NO		YES	NO
Will you be driving this vehicle?			Do you currently have any loans?		
Have you ever leased/financed a truck before?			Have you ever had any tax liens?		
Is your personal vehicle financed?			Do you owe any back or unpaid child support?		
Do you currently have a CDL?			Credit score:		
Have you ever filed for bankruptcy?					
Have you ever had a repossession?					

Notes/Comments:

Equal Credit: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission 901 Market Street, Suite 570 San Francisco, CA 94103.

Applicant has the right to a statement of specific reasons for action taken within 30 days, if the statement is requested within 60 days of notification of such action taken. This statement may be requested from DF/Underwriting, Attn: Request for Adverse Action Notice, Dedicated Funding, LLC 860 East 4500 South, Suite 312, Salt Lake City, Utah 84107.

SIGNATURE:

DATE:
