



PERSONAL APPLICANT INFORMATION				Owner/Operator Form					
First Name			Middle	Last		Social Security Number:		Date of Birth:	
Marital Status:		Spouse Name			Social Security Number:		Date of Birth:		
Street Address				City		State/Zip		County	
How long there? Years:		Time in the area? Years:		Homeowner? <input type="checkbox"/> No <input type="checkbox"/> Yes		Home Phone Number:		Fax Number:	
Have you ever filed for Bankruptcy? When?				Have you ever had a vehicle repossessed? When?					
Name of Nearest Relative not Living with you: Address				City/State/Zip		Phone		Relation	

BUSINESS INFORMATION										
Your Company Name or DBA:				<input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Time in Business: Yrs: Mos:				
Yrs Driving Experience:		Yrs as Owner Operator:		Business Phone:		Cell Phone:				
Business Address			City		State/Zip		County		# of Trucks / Trailers Owned: Trucks: Trailers:	
Company to Haul for:				Phone Number:		Contact Name:		How long there? Yrs: Mos:		
Previous Hauling Reference:				Phone Number:		Contact Name:		How long there? Yrs: Mos:		
What product do you haul:			State/Region to Haul for:		Buyer to drive: <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Replacement <input type="checkbox"/> Additional		<input type="checkbox"/> Long Haul <input type="checkbox"/> Short Haul	

FINANCIAL INFORMATION – If more than one checking /savings account please list						
Bank	Acct#	Contact	Phone	Date Opened	CK <input type="checkbox"/>	SV <input type="checkbox"/>
Bank	Acct#	Contact	Phone	Date Opened	CK <input type="checkbox"/>	SV <input type="checkbox"/>

EQUIPMENT LOANS/LEASES - Where your truck(s) and trailer(s) were financed at			
Company	Phone	Contact	Acct#
Company	Phone	Contact	Acct#

EQUIPMENT INFORMATION	
DEALER NAME/PHONE NUMBER: _____	
EQUIPMENT INFO: <input type="checkbox"/> NEW <input type="checkbox"/> USED _____ Cost: _____	
<p>I hereby certify that the information contained in this file is true and accurate to the best of my knowledge, I hereby authorize our banks, trade references, credit reporting agencies, and other financial institutions the right to release credit information. By signing below, the undersigned individual(s) agree(s) to hold harmless Liberty Capital Group, Inc. and its registered agents, representatives, associated lenders and funding sources, as well as any referencing parties from banks, credit bureaus, and financial consultants, from any liability associated with the possession and/or representation of requested credit information. A Photocopy of this release will act as an original.</p>	
BY: _____ Date: _____ BY: _____ Date: _____	

Please fax completed application to Credit at 619-819-9974