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 SIKESTON, MO 63801  
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 JOPLIN, MO 64804  
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**PETERBILT OF GREAT BEND, LLC**  
 HWY 156 & 56  
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**PETERBILT OF FT. SMITH, LLC**  
 6915 ALMA HIGHWAY  
 VAN BUREN, AR 72956  
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 SAUGET, IL 62206  
 (618) 337-4000  
 (866) 727-7383  
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[www.larsoncaptiallending.com](http://www.larsoncaptiallending.com)

## CAPITAL LENDING CREDIT APPLICATION

Fax Number: (417) 865-9898

### PERSONAL INFORMATION

NAME: FIRST		MIDDLE INITIAL		LAST		DATE OF APPLICATION	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		MARITAL STATUS:		NO. OF DEPENDENTS	
		<input type="checkbox"/> Unmarried (single, widowed, divorced)		<input type="checkbox"/> Married		<input type="checkbox"/> Separated	
ADDRESS:				HOME PHONE NUMBER:		CELL PHONE NUMBER:	
CITY, STATE, ZIP:				HOW LONG AT THIS ADDRESS?		HOW LONG IN AREA?	
FORMER ADDRESSES (5 YEAR MINIMUM):		CITY, STATE, ZIP:		HOW LONG?			
SPOUSE'S NAME (FIRST, M.I., LAST):				DATE OF BIRTH:		SOCIAL SECURITY NUMBER:	
SPOUSE' EMPLOYER:				POSITION(S) HELD:		HOW LONG?	
BUSINESS NAME:						BUSINESS TAX I.D. NUMBER:	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE):						BUSINESS PHONE NUMBER:	

### EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)

NAME AND ADDRESS OF COMPANY:	PHONE NO:	POSITION(S) HELD:	HOW LONG?
1.			
2.			
3.			

NEAREST RELATIVE NOT LIVING WITH YOU:	ADDRESS:	RELATIONSHIP:
SELF:		
SPOUSE:		
HAVE YOU EVER TAKEN BANKRUPTCY? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below	ARE YOU A DEFENDANT IN ANY LEGAL ACTION? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below	HAVE YOU EVER HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain Below
EXPLANATION:		

### TRUCK USAGE

HOW LONG AS OWNER/OPERATOR:	OPERATOR LICENSE NUMBER:	STATE:	DATE:	PURCHASER TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, PROVIDE INFORMATION BELOW OF PERSON WHO WILL DRIVE TRUCK.
DRIVER'S NAME (FIRST, M.I., LAST):		ADDRESS:			
YEARS OF EXPERIENCE:	OPERATOR LICENSE NUMBER:	STATE:	DATE:	SOCIAL SECURITY NUMBER:	
TRUCK TO WORK FOR - COMPANY NAME:		ADDRESS:		PHONE NUMBER:	
IF TRUCKING - BETWEEN WHAT POINTS:				OFF HWY USE: <input type="checkbox"/> Yes <input type="checkbox"/> NO	AVE MILEAGE PER MONTH

### FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED

NAME OF AGENT:	ADDRESS:	PHONE NUMBER:
NAME OF COMPANY	ADDRESS	COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION <input type="checkbox"/> No <input type="checkbox"/> Yes, Radius:

