



OWNER / OPERATOR CREDIT APPLICATION

EDMONTON KENWORTH LTD. & KENWORTH LLOYDMINSTER

Phone: (780) 612 - 3723 Fax: (780) 612 - 3678

DATE	SALES REPRESENTATIVE:
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CORPORATE INFORMATION

LEGAL BUSINESS NAME		TRADE NAME (IF DIFFERENT FROM LEGAL NAME)	
ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)		HOW LONG AT THIS ADDRESS? _____ YEARS / MONTHS	
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT/LEASE	
HOME PHONE	BUSINESS PHONE	CELL PHONE	FAX
<input type="checkbox"/> INCORPORATED		<input type="checkbox"/> PROPRIETORSHIP	
DATE OF INCORPORATION:		NUMBER OF YEARS IN BUSINESS:	

PERSONAL INFORMATION

SHAREHOLDER / OWNERS NAME					
PRIMARY (First / Middle / Last Name)	TITLE	% OWNER	DATE OF BIRTH (MM/DD/YY)	S.I.N.	*RESIDENTIAL ADDRESS (ST., CITY, PROV., PC)
OTHER					
OTHER					
*IF DIFFERENT FROM ABOVE					

BANK INFORMATION

NAME	ADDRESS	CONTACT	PHONE	NATURE OF DEALINGS
NAME	ADDRESS	CONTACT	PHONE	NATURE OF DEALINGS

PERSONAL NET WORTH STATEMENT

ASSETS			LIABILITIES		
CASH ON HAND	VALUE		BANK NAME	MONTHLY PAYMENT	BALANCE
	\$	→		\$	\$
INVESTMENTS (RRSP'S, STOCKS, BONDS)	\$	→		\$	\$
VEHICLES	DESCRIPTION	→		\$	\$
		→		\$	\$
REAL ESTATE	NATURE OF PROPERTY	→	MORTGAGE	\$	\$
		→	MORTGAGE	\$	\$
OTHER ASSETS	\$	→		\$	\$
	\$	→		\$	\$
	\$	→		\$	\$
TOTAL ASSETS (A)	\$		TOTAL LIABILITIES (B)		\$
NET WORTH (A - B)					\$



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EQUIPMENT FINANCE EXPERIENCE

FINANCIAL INSTITUTION NAME	PHONE	DATE OPEN	COLLATERAL (year / make / model)

EMPLOYMENT INFORMATION

PRESENT EMPLOYER NAME / HOW LONG?		ADDRESS (CITY, & PROV.)		CONTACT / PHONE NUMBER	
GROSS TRUCKING INCOME	OTHER INCOME	EXPENSES (FUEL, INSURANCE, REGISTRATION)		NET INCOME	
\$ +	\$ -	\$ =		\$	
FORMER EMPLOYER NAME / HOW LONG?		ADDRESS (CITY & PROV.)		CONTACT / PHONE NUMBER	
GROSS TRUCKING INCOME	OTHER INCOME	EXPENSES (FUEL, INSURANCE, REGISTRATION)		NET INCOME	
\$ +	\$ -	\$ =		\$	
HOW LONG HAVE YOU OPERATED TRUCKS?		HOW LONG HAVE YOU OWNED TRUCKS?			
NUMBER OF TRUCKS CURRENTLY OWNED / LEASED?		<input type="text"/> OWN		<input type="text"/> LEASE	
EQUIPMENT PURCHASED IS A		<input type="checkbox"/> REPLACEMENT		<input type="checkbox"/> ADDITIONAL	
IF NO FIXED EMPLOYER, PLEASE PROVIDE DETAIL ON MAJOR CUSTOMERS BELOW					
CUSTOMER NAME	CONTACT	LOCATION	PHONE NUMBER	MATERIAL HAULED	HOW LONG?
HAVE YOU FILED BANKRUPTCY (LAST 6 YEARS)?		ANY PREVIOUS REPOSSESSIONS?		ARE YOU A DEFENDANT IN ANY LEGAL ACTION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
				HAVE YOU EVER FINANCED THROUGH EDMONTON KENWORTH?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

The undersigned hereby warrants and confirms that the above information is true and correct and understands clearly that it is being used to determine my credit responsibility. You are authorized to obtain any information you may require for this application from any source/s at your discretion and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct inquiries from any lender or any Credit Bureau, such information on my account as you consider appropriate, and I agree to indemnify you against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain the application whether approved or not.

Customer Signature

Date