



OOIDA Equipment Finance Program

Items to be returned with your signed credit application:

- Page 1 & 2 of credit application. Please make sure to sign the 2nd page of the application. Make sure to fill out the application thoroughly. If a question does not apply to you, please put “NA”.
- Specification Form. Please give details of the exact truck or trailer you want to purchase.
- Dealer Invoice for purchases or payoff letter for refinances.
- Personal Financial Statement – Completely fill this form out & sign it.
- Bank Statements – the past 3 months, first page only.
- Explanation of Bankruptcy and/or Repossession, if applicable.

Items that would need to be presented upon request:

- Tax return – last tax year – complete return.
- Current YTD Profit & Loss Statement and Balance Sheet.

***Prequalification is only given based on your credit score, owner-operator experience, and cash flow. We will not prequalify for a dollar amount. All loans are based on credit, stability, and the equipment you are buying.

If you have any questions, please call our office at 1-800-444-5791, before returning the application.



EQUIPMENT FINANCE CREDIT APPLICATION

Owner-Operator Services, Inc.

PO Box 1000, Grain Valley, MO 64029 / Phone# 1-800-444-5791 / Fax# 1-816-867-2153 / finance@ooida.com

PERSONAL INFORMATION

OOIDA Member #:	CDL # and State:	E-Mail Address:
LEGAL First Name:	Middle Initial:	Last Name:
Social Security #:	Date of Birth:	Cell Ph #:
Street Address:	Home Ph #:	
City/State/ZIP/County:	Fax #:	
<input type="checkbox"/> Rent <input type="checkbox"/> Own Landlord/Mortgage Co:	Ph #:	Pmt \$: Years at this address?
Spouse's LEGAL Name:	Social Security #:	Date of Birth: Cell Ph#:
Previous Address (Required if not at current address for 5 years): How long?		
TWO Closest Relatives NOT Living at the same address or with you (Name/City/State/Phone #/Relationship)		
What name will equipment will be titled in?	State titling?	State Registering?

CORPORATE INFORMATION (IF APPLICABLE)

Corporate Name:	Corporate Officers:
Corporate Address:	Year Incorporated: State of Incorporation:
Type of Legal Entity: <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Co	Federal Tax ID#

TRUCKING EXPERIENCE ****Please list a minimum of 3 years driving history****

Number of Years Driving Experience:	How long as an Owner Operator: _____ currently? _____ in the past?
Gross Monthly Revenue (\$):	Revenue/Mile+Fuel Surcharge (\$): Miles/Month:
Current: Employer/Lease Company/Own Authority (MC#):	Phone Number: Contact: How many Years? ____ Months ____
Previous: Employer/Lease Company/Own Authority (MC#):	Phone Number: Contact: How many Years? ____ Months ____
Previous: Employer/Lease Company/Own Authority (MC#):	Phone Number: Contact: How many Years? ____ Months ____

TRUCK USAGE

If own authority, list shippers/brokers you haul for:	<input type="checkbox"/> Local Haul <input type="checkbox"/> Regional Haul <input type="checkbox"/> Long Distance Haul	Phone Number & Contact:
Driver Name:	Address:	Social Security #: Date of Birth:

TRUCKS & TRAILERS CURRENTLY OWNED/FINANCED/LEASED			
Equipment owned/leased at this time:	_____ # of Trucks owned/leased	_____ # of Trailers owned/leased	
Year/Make/Model:	Financed by/Phone #/Acct #:		
Year/Make/Model:	Financed by/Phone #/Acct #:		
Year/Make/Model:	Financed by/Phone #/Acct #:		
Year/Make/Model:	Financed by/Phone #/Acct #:		
Year/Make/Model:	Financed by/Phone #/Acct #:		
TRUCK & TRAILER CREDIT REFERENCES – PAID OFF ACCOUNTS			
Lender:	Phone #:	Acct #:	Payoff Date:
Lender:	Phone #:	Acct #:	Payoff Date:
BANK REFERENCE – CHECKING & SAVING ACCOUNTS			
Bank Name:	City/State:	Phone #:	
Checking Account #:	Average Balance (\$):	Contact:	
Bank Name:	City/State:	Phone #:	
Saving Account #:	Average Balance (\$):	Contact:	
LEGAL ACTIONS			
Have you had a Bankruptcy or Repossession within the past 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, please explain on a separate piece of paper.			
INSURANCE			
Would You Like For OOIDA to provide you with a Truck Insurance Quote: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Insurance Agent's Name:			Phone #:

TRANSACTION INFORMATION -- Fill in any space/square that applies. All transactions w/ approved credit.	
Dealer or Selling Party:	Purchase: <input type="checkbox"/> Auxiliary Power Unit <input type="checkbox"/> Truck <input type="checkbox"/> Trailer
Telephone No: Contact Name:	Is this a: <input type="checkbox"/> Replacement Unit <input type="checkbox"/> Additional Unit
Selling Price: \$	<input type="checkbox"/> Refinance/Buyout on Current Unit
NET Trade in allowance: \$	Trade-in: Year/Make/Model:
Cash down: \$	Term (months): <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 36 <input type="checkbox"/> 42 <input type="checkbox"/> 48
Amount to Finance: \$	<input type="checkbox"/> 54 <input type="checkbox"/> 60 <input type="checkbox"/> 20% Lease
<p>The undersigned certifies the above information is correct and by signing below, consents to the obtaining from any credit reporting agency or credit grantor such information as Owner Operator Services, Inc. or its agents may require at any time in connection with credit hereby applied for and consents to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or credit grantor with whom the undersigned has a financial relationship. If you're application for a loan or lease is denied you have the right to a statement of specific reasons for such denial within 30 days after you send a written request to: OOIDA Truck Finance Office, P.O. Box 1000, Grain valley, MO 64029.</p> <p>*I hereby authorize my banks, trades, and personal credit bureaus to release credit information to OOSI and/or its assignees.</p>	
SIGNATURE OF APPLICANT: _____ DATE: _____	
SIGNATURE OF CO-APPLICANT: _____ DATE: _____	



OOIDA HEAVY TRUCK AND TRAILER SPECIFICATION FORM FOR FINANCE

APPLICANT & SELLER INFORMATION

Applicant's name:		
Dealer/Seller's Name:	Phone #:	Contact Name:

POWER UNIT

<input type="checkbox"/> New <input type="checkbox"/> Used	Year of Truck:	<input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor	<input type="checkbox"/> Dump <input type="checkbox"/> Hot Shot	<input type="checkbox"/> Cab over engine(COE) <input type="checkbox"/> Conventional	<input type="checkbox"/> HD Pick-up <input type="checkbox"/> Day Cab
Color of Truck:	Manufacturer:	<input type="checkbox"/> Peterbilt <input type="checkbox"/> Mack	<input type="checkbox"/> Freightliner <input type="checkbox"/> White/GMC	<input type="checkbox"/> Volvo <input type="checkbox"/> Western Star	<input type="checkbox"/> International <input type="checkbox"/> Sterling <input type="checkbox"/> _____
Model of truck:	VIN#:	Wheelbase: _____		<input type="checkbox"/> Medium duty	<input type="checkbox"/> Heavy duty
Engine manufacturer:	<input type="checkbox"/> Caterpillar <input type="checkbox"/> Cummins		<input type="checkbox"/> Detroit Diesel	<input type="checkbox"/> Mercedes	<input type="checkbox"/> Volvo <input type="checkbox"/> _____
Engine model number:	_____	Engine horsepower:	_____	Engine brake:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transmission manufacturer:	<input type="checkbox"/> Allison <input type="checkbox"/> Dana/Spicer		<input type="checkbox"/> Eaton/Fuller	<input type="checkbox"/> Merritor/Rockwell	<input type="checkbox"/> _____
Transmission model number:	_____	Gear Ratio:	_____	Transmission type:	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual
Number of forward gears:	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 13 <input type="checkbox"/> 15 <input type="checkbox"/> 18	Overdrive transmission:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sleeper length (inches):	_____	Sleeper height/roof:	<input type="checkbox"/> Flat top <input type="checkbox"/> Mid roof <input type="checkbox"/> Raised roof/Condo/Penthouse		<input type="checkbox"/> Workstation
Sleeper style:	<input type="checkbox"/> Integral type (cab & sleeper are one unit)		<input type="checkbox"/> Double Bunk	<input type="checkbox"/> Box type	<input type="checkbox"/> Custom <input type="checkbox"/> After market
Rear axle:	<input type="checkbox"/> Single rear <input type="checkbox"/> Tandem rear <input type="checkbox"/> Tag	Rear suspension:	<input type="checkbox"/> Spring suspension <input type="checkbox"/> Air Ride suspension		
Aerodynamics:	<input type="checkbox"/> Cab extenders <input type="checkbox"/> Roof fairing <input type="checkbox"/> Full Chassis Fairings		<input type="checkbox"/> Side fairings	<input type="checkbox"/> Premium Level Interior	
Fifth wheel:	<input type="checkbox"/> Stationary <input type="checkbox"/> Manual slide <input type="checkbox"/> Air slide	Aluminum Wheels:	<input type="checkbox"/> Zero <input type="checkbox"/> Two <input type="checkbox"/> Four <input type="checkbox"/> Six <input type="checkbox"/> Ten		
<input type="checkbox"/> Stainless Air Cleaners	<input type="checkbox"/> Chrome Dual Exhaust	Air suspension cab:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fuel tanks:	<input type="checkbox"/> Single tank <input type="checkbox"/> Dual tanks	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum	Total (gallons) _____	<input type="checkbox"/> APU	Brand _____
Stainless Steel:	<input type="checkbox"/> Sun Visor <input type="checkbox"/> ¼ fenders	<input type="checkbox"/> New Bumper	<input type="checkbox"/> New Tires	<input type="checkbox"/> New Clutch	<input type="checkbox"/> New Batteries
Warranty:	Vehicle mileage (REQUIRED ON USED UNITS):				
Additional specifications:					

TRAILER

<input type="checkbox"/> New <input type="checkbox"/> Used	Year of trailer:	Manufacturer:			
Trailer type:	<input type="checkbox"/> Dry Van <input type="checkbox"/> Refrigerated Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Step Deck <input type="checkbox"/> Drop Deck <input type="checkbox"/> RGN		<input type="checkbox"/> Car Hauler (7 or 9) <input type="checkbox"/> Grain Hopper <input type="checkbox"/> Livestock <input type="checkbox"/> Tanker <input type="checkbox"/> _____		
Length (feet):	Width (inches):	Height (feet):	Construction: <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel		
Doors: <input type="checkbox"/> Yes <input type="checkbox"/> No	Door type: <input type="checkbox"/> Roll up <input type="checkbox"/> Swing	Floor type:			
Refrigeration Unit:	<input type="checkbox"/> Carrier <input type="checkbox"/> Thermo King	Model Number:	_____	Hours:	_____
Refrigeration unit model year:	_____	<input type="checkbox"/> Stainless Steel Nose & Doors		<input type="checkbox"/> Stainless Steel Door Frame	
Number of Axles:	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> _____	Axle type:	<input type="checkbox"/> Fixed <input type="checkbox"/> Slide <input type="checkbox"/> Spread		
Suspension: <input type="checkbox"/> Spring <input type="checkbox"/> Air Ride	Tire size:	Number of aluminum wheels:			
Additional specifications:					



OWNER-OPERATOR INDEPENDENT DRIVERS ASSOCIATION

Equipment Finance Program
 1 NW OOIDA Drive, Grain Valley, MO 64029 Phone# 1-800-444-5791 Fax# 1/816-867-2153

PERSONAL AND BUSINESS FINANCIAL STATEMENT

Name _____ Spouse _____

Address _____

Business or Occupation _____

ASSETS		AMOUNT	LIABILITIES		AMOUNT
CASH ON HAND		\$	CREDIT CARDS		\$
CASH IN BANK-CHECKING					
CASH IN BANK-SAVINGS					
ACCOUNTS RECEIVABLE					
STOCK, BONDS & OTHER INVESTMENTS			ACCOUNTS PAYABLE		
RETIREMENT ACCOUNTS			LOANS ON LIFE INSURANCE		
			OWING ON REAL ESTATE		
			HOMESTEAD		
REAL ESTATE	HOMESTEAD		OTHER		
	OTHER		OTHER		
	OTHER		VEHICLE LOANS		
AUTOS	YR:	MAKE:	TRUCK/TRAILER LOANS		
	YR:	MAKE:			
	YR:	MAKE:	OTHER OUTSTANDING LOANS		
PERSONAL PROPERTY-HOUSEHOLD					
OTHER ASSETS					
TRUCKS/TRAILERS					
			TOTAL LIABILITIES		\$
			NET WORTH		\$
TOTAL ASSETS		\$	=TOTAL LIABILITIES & NET WORTH		\$

The undersigned represents and warrants that the information provided here is true and complete.

DATE SIGNED _____ SIGN HERE X _____