



SOUTHLAND
TRANSPORTATION GROUP

RETURN COMPLETED FORM TO CHESLEY GUNN
cgunn@southlandtransportationgroup.com

CREDIT APPLICATION

SOUTHLAND INTERNATIONAL TRUCKS, INC.
DBA SOUTHLAND TRANSPORTATION GROUP
200 OXMOOR BLVD. HOMEWOOD, AL 35209

800-844-6226
WWW.SOUTHLANDTRANSPORTATIONGROUP.COM

BUSINESS NAME:				
OFFICE #:		CELL:		FAX:
EMAIL:				
MAILING ADDRESS:			CITY:	STATE:
			ZIP:	
PHYSICAL ADDRESS:			CITY:	STATE:
			ZIP:	
BUSINESS STRUCTURE:				
CORP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/>			TAX ID#:	
HAULING AREA:				
Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/>		PRODUCTS HAULED:		YEAR STARTED:
ANNUAL REVENUES:		# OF TRUCKS OWNED OR LEASED:		# OF TRAILERS OWNED OR LEASED:
BUSINESS OWNER #1:		SOC. SEC. #		HOME PHONE:
ADDRESS:		CITY:		STATE:
				ZIP:
BIRTH DATE:	HOMEOWNER?: Yes <input type="checkbox"/> No <input type="checkbox"/>	OWNER OPERATOR?: Yes <input type="checkbox"/> No <input type="checkbox"/>	YEARS EXP:	OWNERSHIP %:
BUSINESS OWNER #2:		SOC. SEC. #		HOME PHONE:
ADDRESS:		CITY:		STATE:
				ZIP:
BIRTH DATE:	HOMEOWNER?: Yes <input type="checkbox"/> No <input type="checkbox"/>	OWNER OPERATOR?: Yes <input type="checkbox"/> No <input type="checkbox"/>	YEARS EXP:	OWNERSHIP %:
BANK REFERENCE:	CONTACT:	ACCOUNT #:	PHONE #:	
TRUCK/TRAILER CREDIT REFERENCE:	CONTACT:	ACCOUNT #:	PHONE #:	
TRUCK/TRAILER CREDIT REFERENCE:	CONTACT:	ACCOUNT #:	PHONE #:	
CUSTOMER OR HAUL REFERENCE:	CONTACT:	HOW LONG?:	PHONE #:	
CUSTOMER OR HAUL REFERENCE:	CONTACT:	HOW LONG?:	PHONE #:	

AUTHORIZATION : The undersigned has applied to Southland International or its assignees for extension of credit. This will be your authority and my request to release any information concerning personal or business credit standing, which may include but not be limited to, personal or business credit histories.

NAME:	SIGNATURE:	DATE:

NAME:	SIGNATURE:	DATE:

Notice: If your application for business credit is denied, you have the right to a written statement of the specified reasons for the denial. To obtain the statement, please contact the Finance Manager you submitted your application within 60 days of the date you are notified of the decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request. (The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, religion, national origin, sex, marriage status, age provided the application as the capacity to enter a binding contract; because all of part of the applicants income derives from any public assistance programs; 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 at Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580). **RETURN COMPLETED FORM TO CHESLEY GUNN cgunn@southlandtransportationgroup.com.**