

# ITC ACCEPTANCE CO.

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Indianapolis, IN 46241  
317-243-1663  
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**PLEASE PRINT OR TYPE**

## CREDIT APPLICATION

PERSONAL INFORMATION						
NAME FIRST			MIDDLE INITIAL		LAST	DATE OF APPLICATION
SOCIAL SECURITY NUMBER		DATE OF BIRTH		MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <small>(Single, Widowed, Divorced)</small>		NO. OF DEPENDENTS
ADDRESS				PHONE NO./HOME		CELL PHONE
CITY, STATE, ZIP CODE				HOW LONG AT THIS ADDRESS? YRS.		HOW LONG IN AREA? YRS.
SPOUSE'S NAME (FIRST, M.I., LAST)			DATE OF BIRTH		SOCIAL SECURITY NO.	
SPOUSE'S EMPLOYER			POSITION(S) HELD		HOW LONG? YRS.	
NEAREST RELATIVES NOT LIVING WITH YOU		ADDRESS		PHONE NUMBER/CODE		
FORMER ADDRESSES (FIVE YEAR MINIMUM)			CITY, STATE, ZIP CODE		HOW LONG	
BUSINESS NAME			E-MAIL ADDRESS		BUSINESS TAX I.D. NUMBER	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)			E-MAIL ADDRESS		BUSINESS PHONE NUMBER	
EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)						
1. NAME AND ADDRESS OF COMPANY		PHONE NO.		POSITION(S) HELD		HOW LONG?
2. NAME AND ADDRESS OF COMPANY		PHONE NO.		POSITION(S) HELD		HOW LONG?
3. NAME AND ADDRESS OF COMPANY		PHONE NO.		POSITION(S) HELD		HOW LONG?
TRUCK USAGE / HAULS FOR						
HOW LONG AS OWNER/ OPERATOR? YRS.		OPERATOR LICENSE		STATE		DATE
PURCHASER TO DRIVE? <small>IF NO, PROVIDE INFORMATION BELOW</small> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>ON PERSON WHO WILL DRIVE TRUCK.</small>						
DRIVER'S NAME (FIRST, M.I., LAST)			ADDRESS		PHONE NUMBER	
YEARS OF EXPERIENCE YRS.		OPERATOR LICENSE		STATE		DATE
SOCIAL SECURITY NUMBER						
TRUCK LEASED TO - COMPANY NAME			ADDRESS		TELEPHONE NUMBER WITH AREA CODE	
IF TRUCKING - BETWEEN WHAT POINTS?			CONTACT PERSON		OFF HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO	
AVERAGE MILEAGE PER MONTH						
FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED						
AGENT						
NAME OF COMPANY			ADDRESS		COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS:	