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BUSINESS TYPE Check One: <input type="checkbox"/> CORPORATION / <input type="checkbox"/> PARTNERSHIP / <input type="checkbox"/> SOLE PROPRIETOR								
BUSINESS	EXACT LEGAL NAME OF BUSINESS or FULL LEGAL NAME of PURCHASER						TELEPHONE #	
	ADDRESS STREET		CITY	COUNTY	STATE	ZIP CODE	BUS. FAX #	
	NATURE OF BUSINESS				AGE OF BUSINESS		STATE OF INCORPORATION	
	PHYSICAL LOCATION OF EQUIPMENT (VEHICLES)				DUNS NUMBER		FEDERAL TAX ID#	
	CURRENT FLEET SIZE:		# TRACTORS _____ # TRAILERS _____ # TRUCKS _____		OWNER / OPERATOR EXPERIENCE _____ YRS _____ MONTHS			
OWNERSHIP	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE #	DATE OF BIRTH	SOCIAL SECURITY #	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP	OWN OR RENT	DRIVER'S LICENSE # & STATE	
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE #	DATE OF BIRTH	SOCIAL SECURITY #	
	HOME ADDRESS (STREET)		CITY	STATE	ZIP	OWN OR RENT	DRIVER'S LICENSE # & STATE	
CREDIT	NAME OF BANK #1		BRANCH		CHECKING ACCT #	BANK CONTACT NAME & PHONE #		
	TRUCK/TRAILER LOAN/LEASE REFERENCE				ACCOUNT #	LOAN/LEASE CONTACT NAME & PHONE #		
	TRUCK/TRAILER LOAN/LEASE REFERENCE				ACCOUNT #	LOAN/LEASE CONTACT NAME & PHONE #		
	TRUCK/TRAILER LOAN/LEASE REFERENCE				ACCOUNT#	LOAN/LEASE CONTACT NAME & PHONE #		
HAUL	HAUL REFERENCE NAME:		MATERIAL HAULED	START DATE	TELEPHONE #	FAX #	CONTACT NAME	
	HAUL REFERENCE NAME		MATERIAL HAULED	START DATE	TELEPHONE #	FAX #	CONTACT NAME	
	TRADE REFERENCE		ACCT #		TELEPHONE #	FAX #	CONTACT NAME	
EQUIP	VENDOR / SELLER:		CONTACT:		TELEPHONE#			
	ADDRESS (STREET)		CITY	COUNTY	STATE	ZIP CODE	TELEPHONE #	
	TRUCK/TRAILER SPECIFICATIONS:							
	COST OF EQUIPMENT(EA)			FINANCE TERM REQUESTED		DOWN PAYMENT OFFERED		
Applicant Signature / Title X _____ Co-Applicant Signature _____ Date: _____								