



WRECKER SALES, INC

"TOWING AND RECOVERY EQUIPMENT SPECIALISTS"

1301 Jackson Street St Paul, MN 55117

PHONE 1-800-287-4210 or (651) 488-4210 - FAX (651) 488-1374

COMMERCIAL CREDIT APPLICATION

Legal Name of Entity: _____

Db: _____

Entity Type: Corp. L.L.C. Sole Prop. Partnership FED TAX I.D.# _____

Street Address: _____ Suite/Apt #: _____

City: _____ State: _____ Zip Code: _____

Bus. Phone#: _____ Bus. Fax #: _____ Cell #: _____ Years in Bus.: _____

PERSONAL GUARANTORS:

Name: _____

Title: _____ % Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____

SSN: _____

Name: _____

Title: _____ % Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____

SSN: _____

BANK REFERENCES

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Personal Contact: _____

Checking Account #: _____

Loan Account #: _____

Savings Account #: _____

VEHICLE LEASE/FINANCE REFERENCES

Name: _____

Phone#: _____

Name: _____

Phone#: _____

Personal Contact: _____

Account #: _____

Personal Contact: _____

Account #: _____

FLEET

Number of Carriers: _____ Number of Wreckers: _____ Additional or Replacement: _____

I make this application to Twin Cities Wrecker Sales, Inc (TCWS) for a lease finance line of credit and give the above information to (TCWS) in order to obtain this credit. I authorize (TCWS) to obtain information concerning any statements made understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. If I request, I will be informed whether or not a credit report and the name and address of the agency that furnished the report. To the best of my knowledge, the information I have provided is true.

Applicant: _____

Dated: _____

Applicant: _____

Dated: _____