FLORIDA MOTOR CARS CORP

6301 NW 74 AVE MIAMI FLORIDA 33166 305-924-2293 or 305-213-2552 florida.motorcars@att.net

Credit Applic	ation				
Business Name or Individual Name (for owner operator)		Date Business	Established	Federal Tax ID#	
Address (Street)		City	State	Zip	
Phone Number	Mobile Nu	Mobile Number		Fax Number	
Type of Hauling		Email Address			
1. First time Buyer?	2. Wh	at type of busine	ess do you own?		
YES NO	LLC	LLC Corporation OwnerOperator N/A			
3. How many years with CDL 4. How many Trucks Own/finance					
5. Please list 2 years of ha	nuling references:				
Company Name:	Number:		Contact Person:		
Company Name: Number:		Contact Person:			
Owner's Full Legal Name	SSN	D.O.B.	Address (if different fr	om above)	
applicants (collectively referred to her eview of this application and to share application shall remain your property application are true and complete and condition of our affairs and acknowled contrary is received by Florida Motor	o. and other persons or entities that are un rein as "you") to obtain a credit report and this information and information regarding, whether or not the transaction is approvered made for the purpose of obtaining credleg you will assume all information herein Cars Corp Acknowledgment of Guaran her gives the same authorizations to obtain	I such other information ng our performance of o ed or consummated. We dit. We agree to notify in to be a continuing state ntors: The undersigned	as you may require concerning ur obligations to you with other the hereby certify that all statemer Florida Motor Cars Corp. of an ement of the matters covered up each agrees to sign a guaranty	g us in connection with the ers, and agree that the ents contained in the my material change in the ntil written notice to the of the applicant's obligations	
Date Signatu	ıre	Date	Signature		
Date Signatu	ıre	Date	Signature		