



# 1st Commercial Credit

Fleet Owner Financial Information Sheet  
6500 River Place Blvd Building 7 STE 250  
raul@1stcommercialcredit.com 512 828 6603

COMPANY INFORMATION	
Company Name and DBA if applicable	Legal Business Structure
Business Address	City
State	Zip Code
Federal Tax ID	Date Established
Company Website	Company Main Phone
MC Authority	DOT #

OWNER'S INFORMATION	
Owner #1 First Name	Owner #1 Last Name
Date Of Birth	Phone Number
Owner #1 Email (For Documents)	City
Home Address	Zip Code
State	Social Security #
% of Ownership #1	Any Bankruptcies in the Last 5 years?

OWNER #2	
Owner #2 First Name	Owner #2 Last Name
Date Of Birth	Phone Number
Owner #2 Email (For Documents)	City
Home Address	Zip Code
State	Social Security #
% of Ownership #2	Any Bankruptcies in the Last 5 years?



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## TRUCK AND TRAILER ASSETS

Number of Power Units Running	Average Miles per Power Unit
Total Monthly Truck Payments	Total Balance Owed on Truck(s)
Total Monthly Trailer Payments	Number of Trailers Buying/Leasing
Total Monthly Insurance Premium	Name of Insurance Company
Type of Freight Services	

## SALES AND EXPENSES

Average Monthly Sales		Avg. Monthly Expenses/ Maintenance /Fuel	
Average Monthly Fuel Purchase		Outstanding Fuel Card Balance	
Last Year Sales		Last Year Taxable Income Amount	
Year to Date Sales	Year to Date Net Profit		Ending Bank Statement Balance Last Month

## TERM LOANS – BANKS - FINANCING

Do you have any Short-Term Loans?	If Yes, How much is owed?
Total Receivables (Unpaid Invoices)	Do you use a Factoring Company?

## EQUIPMENT TO PURCHASE

Describe Equipment / Truck / Trailer		Equipment Cost	
Serial or Vin Number		What State will it Be Registered In	
Vendor / Seller Company Name		Vendor Phone Number	
Vendor Sales Person	Vendor Email		Any Deposit Given?



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## CURRENT BALANCES WITH TRADE REFERENCES

Name of Supplier (1)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days
Name of Supplier (2)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days
Name of Supplier (3)	City/State	Telephone No.	Contact Person
Years/Months As Supplier	Payment Terms (Net 30,60)	Balance 0 To 30 Days	Balance Past 30 Days

## ADDITIONAL COMMENTS

Comments

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes 1st Commercial Credit, LLC and/or debtor and affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat, electronic signature or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application.

Printed Name Owner #1

Date

Signature Owner #1

Printed Name Owner #2

Date

Signature Owner #2