

Date _____



FOOD TRUCK
FRANCHISE GROUP

email: robert@ftfus.com or **Fax:** (845) 356-0204

Dealership FTFUS-Gourmet Streets
Contact Robert Mytelka
Phone 1-888-983-8383

CREDIT INFORMATION (All Information Requested Must be provided)

**Full Name of Company
or Individual**

Address _____ City _____ State _____ Zip _____

Type of Business _____ Business Phone _____

Year Organized _____ Person to Contact _____

Year _____ County _____ State _____

Form of Organization _____

**Federal Tax or SS or
I.D. No.**

Email Address _____ Cell Phone _____

GARAGE LOCATION:

Current Employment

Previous Employer _____

Address _____

Business Phone _____ Monthly Salary _____ Position _____ How Long _____

Personal

Guarantor-Required

Name _____ Title _____ Income _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Date Of Birth _____ Home Phone & Cell Phone # _____

Residence _____ Monthly Payment _____ Appraised Value _____

Mortgage Amt. _____ Mortgage With: _____

Previous Address, City, State, Zip _____ How Long _____

Employer _____ Address, City, State, Zip _____

Business Phone _____ Position _____ How Long _____ Annual Income _____

Additional Income Per Month _____ Source _____

**Spouse or Additional
Guarantor Required**

Name _____ Title _____ Income _____

Address _____ City _____ State _____ Zip _____

Social Security # _____ Date Of Birth _____ Home Phone & Cell Phone Number _____

Residence _____ Monthly Payment _____ Appraised Value _____

Mortgage Amt. _____ Mortgage With: _____

Previous Address, City, State, Zip _____ How Long _____

Employer _____ Address, City, State, Zip _____

Business Phone _____ Position _____ How Long _____ Annual Income _____

Additional Income Per Year _____ Source _____

Primary Bank Business _____ Branch _____ Type of A/C _____

Contact _____ Phone _____ Acc't # _____

Three Months recent Bank Statements Required-Summary Pages Only

Credit References

Creditor _____ Type A/C _____ Hi Credit _____ Phone _____ Contact _____

Creditor _____ Type A/C _____ Hi Credit _____ Phone _____ Contact _____

VEHICLE INFORMATION Circle One: Lease / Loan

Year _____ Make _____ Model _____ MSRP _____ Invoice _____ Mileage _____

Credit Score: _____ **Credit Report Date:** _____ **(Provide us a Current Credit Report and Credit Score from www.experian.com)**

FAIR CREDIT REPORTING ACT AUTHORIZATION

For the purpose of securing credit from you, I certify that the above information is true and complete to the best of my knowledge. Applicant authorizes you to check my credit and employment history and to provide and/or obtain information about credit experience with me.

Applicant Signature: X _____ Date: _____

Joint Applicant Signature: X _____ Date: _____