

Business Statement

PARISH TRUCK SALES INC. 10459 Airline Hwy. St. Rose LA				Tel: 866-549-1787 Fax: 877-549-1040			
Applicant's First Name		M.I.	Last		Social Security #	Age	Birth date
Spouse First Name		M.I.	Last		Social Security #	Age	Birth date
Home Address			City	State	Zip code	How Long?	

Home Phone		Business Phone		Fax		Other	
Present Employer or contracted by:				Cash Flow Analysis			
Occupation		How Long Yrs. Mo.		Gross Monthly/Annual		\$	
Previous Employer		How Long Yrs. Mo.		Other Income		\$	
Name of Spouse's Employer		How Long Yrs. Mo.		Spouse's Annual Salary or Wages		\$	
Occupation/Position				Total Annual Income (Gross)		\$	

Personal Assets and Personal Liabilities

Asset Description	Value	Creditor Name and Address	Monthly Payment	Balance
Real Estate:	\$		\$	\$
Automobiles/Recreation Vehicles	\$		\$	\$
Cash/Savings/Investments	\$		\$	\$
Other:	\$		\$	\$
Total: (1)	\$	Total Pers. Debts (3)	\$	\$

Business Particulars

Trade Name:		Years in Business	Bus. #	Tax exempt #
Business Address		City	State/Zip	Business Phone
Bus. Bank:		Accountant:		

Business Assets and Business Liabilities

Asset Description	Value	Creditor Name and Address	Monthly Payment	Balance
	\$		\$	\$
	\$		\$	\$
	\$	Total Business Debts: (4)	\$	\$
Total Assets: (2)	\$	Total Net Worth: (1+2) - (3+4)		\$

Have you ever been bankrupt Yes No

Have you ever had a repossession Yes No

The Applicant(s) affirm that all information given above is true and complete. The Applicant(s) consent to PARISH TRUCK SALES IINC. (Dealer) obtaining from any Credit Reporting Agency or Credit Grantor such information as the Dealer may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange at any time of any information concerning the Applicant(s) to any Credit Reporting Agency or Credit Grantor with which the Dealer deals.

Date

Applicant's Signature

Applicant's Signature

