

US Fleet Liquidators, LLC, Credit Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best contact number: _____ Best times to call: _____

Email Address: _____

How long have you been at your current address: _____

Previous address if less than 3 years at current address: _____

City: _____ State: _____ Zip: _____

Do you rent: ____ or own: ____ Monthly payment: _____

Social Security number: _____ Date of birth: _____

Current employer: _____ How long: _____

Gross income: _____ Paid weekly: ____ or monthly: ____

Previous employer: _____ How long: _____

Comments:

Signed: _____ Date: _____

Complete & sign then mail or deliver to:
US Fleet Liquidators, LLC
3 South Main Street, P. O. Box 121
Maxwell, Indiana 46154-0121
Phone (317) 250-5000