

# TRUCK CENTERS, INC.

**MAILING ADDRESS:** Box 150 • TROY, IL 62294

**FIVE CONVENIENT LOCATIONS:**

I-55 / 70, I-270 & RTE. 162  
2280 FORMOSA ROAD  
TROY, IL 62294  
(618) 667-3454  
(314) 436-0603  
(800) 669-3454  
FAX (618) 667-6874

I-57, I-64 & RTE. 15  
MT. VERNON, IL 62864  
(618) 244-2545  
(800) 786-2545  
FAX (618) 244-6172

2981 EAST SINGER  
SPRINGFIELD, IL 62703  
(217) 525-1280  
(800) 786-1280  
FAX (217) 744-0098

300 E. ASHLAND  
MORTON, IL 61550  
(309) 263-4240  
(800) 397-4292  
FAX (309) 263-6150

747 E. TAYLOR AVE.  
ST. LOUIS, MO 63147  
(314) 391-3800  
(800) 325-8809  
FAX (314) 381-0607

## PURCHASER'S STATEMENT

DATE	SALESMAN
10/24/2008	

PURCHASER'S NAME (FIRST, MIDDLE INITIAL, LAST)					RESIDENCE PHONE	
RESIDENCE (STREET)		(CITY)	(STATE)	(ZIP CODE)	COUNTY	SINCE (YRS)
PREVIOUS ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	COUNTY	SINCE (YRS)
DRIVER'S LICENSE NO.		STATE	EXPIRES	DATE OF BIRTH	SOCIAL SECURITY NO.	
HOME OF PRINCIPAL <input type="checkbox"/> OWN <input type="checkbox"/> RENTING <input type="checkbox"/> BUYING <input type="checkbox"/> MOBILE LIVING <input type="checkbox"/> LEASING <input type="checkbox"/> LIVING W/ RELATIVES		MARKET VALUE	MORTGAGOR OR LANDLORD NAME & ADDRESS (INCLUDE STREET, CITY, STATE & ZIP CODE)			
		MONTHLY MORTGAGE OR CURRENT PAYMENT \$				
NAME OF SPOUSE (FIRST & MIDDLE INITIAL)			SPOUSE'S SOC. SEC. NO.		DATE OF BIRTH	
SPOUSE'S EMPLOYER		TIME ON JOB YRS   MOS	EMPLOYER'S PHONE		SPOUSE'S MO. INCOME \$	
NAME & ADDRESS OF APPLICANT'S NEAREST RELATIVE – NOT IN HOUSEHOLD			PHONE		RELATIONSHIP	
NAME & ADDRESS OF APPLICANT'S NEAREST RELATIVE – NOT IN HOUSEHOLD			PHONE		RELATIONSHIP	
BUSINESS NAME (IF APPLICABLE)					FEDERAL I.D. NO.	
BUSINESS ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	BUSINESS PHONE NO.	
<b>EMPLOYMENT</b>						
PRESENT LEASE COMPANY					CONTACT	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	PHONE NO.	

DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_

TYPE OF CONTRACT: ORAL  WRITTEN

ANTICIPATED ANNUAL MILEAGE \_\_\_\_\_ MONTHLY INCOME: \$ \_\_\_\_\_

PRESENT AND PAST EMPLOYMENT FOR FIVE YEARS ( PRESENT OR LAST EMPLOYER FIRST)				HOW LONG AS AN OWNER / OPERATOR?	TOTAL YEARS IN TRUCKING
NAME OF COMPANY				PHONE NO.	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
POSITION	HOW LONG	CONTACT			
NAME OF COMPANY				PHONE NO.	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
POSITION	HOW LONG	CONTACT			
NAME OF COMPANY				PHONE NO.	
ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
POSITION	HOW LONG	CONTACT			

NAME OF PURCHASER							
BANKING REFERENCES							
BANK NAME (BRANCH)				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> BORROWNG		CHECKING BALANCE \$	SAVINGS BALANCE \$
BANK ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT#	PHONE NO.	CONTACT PERSON	
BANK NAME (BRANCH)				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> BORROWNG		CHECKING BALANCE \$	SAVINGS BALANCE \$
BANK ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT#	PHONE NO.	CONTACT PERSON	
SECURED CREDITORS NAME AND ADDRESS						ORIGINAL BALANCE	PRESENT BALANCE
CREDITOR NAME					PHONE		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT #			
EQUIPMENT FINANCED							
CREDITOR NAME					PHONE		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT #			
EQUIPMENT FINANCED							
CREDITOR NAME					PHONE		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT #			
EQUIPMENT FINANCED							
CREDITOR NAME					PHONE		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT #			
EQUIPMENT FINANCED							
CREDITOR NAME					PHONE		
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	ACCT #			
EQUIPMENT FINANCED							
LEGAL ACTIONS:							
PRIOR BANKRUPTCY: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR ____		JUDGEMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO		TAX LIENS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
REPOSESSIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR ____		LAWSUITS PENDING: <input type="checkbox"/> YES <input type="checkbox"/> NO					

BALANCE SHEET AS OF October 24, 2008

ASSETS		LIABILITIES (CREDITOR)	
CASH ON HAND		ACCOUNTS PAYABLE	
INVENTORY (TOOLS, FURNITURE, ETC.)		BANK	
TRUCKS & TRAILERS		TRUCKS & TRAILERS	
ATOMOBILES		OTHER	
REAL ESTATE		REAL ESTATE	
OTHER			
OTHER		TOTAL LIABILITIES	<b>\$0.00</b>
OTHER		NET WORTH	
TOTAL ASSETS	<b>\$0.00</b>	TOTAL LIABILITIES & NET WORTH	<b>\$0.00</b>

For the purpose of procuring and maintaining credit; the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in this financial condition, and in the absence of such notice or of a new and full written statement, this may be considered as a continuing statement and substantially correct. I am informed and consent that an inquiry may be made which will provide information concerning my character, general reputation, personal characteristics and mode of living. Upon my written request, additional information as to the scope of this inquiry, if one is made will be provided.

DATE **10/24/2008**

SIGNATURE \_\_\_\_\_

DATE **10/24/2008**

SIGNATURE \_\_\_\_\_