

# COKER EQUIPMENT SALES, INC.

11295 Tantor Road Dallas, TX 75229

PHONE 214-742-5221

FAX 214-742-5218

## LESSEE COMPANY INFORMATION (Informacion de Compania de Avrendario)

COMPANY NAME (Nombre de Compania) PROPRIETORSHIP, CORP., PARTNERSHIP (Corporacion) FEDERAL TAX ID# (ID Taxes Federales #)

PHYSICAL ADDRESS (Direccion) CITY (Ciudad) COUNTY (Condado) STATE (Estado) ZIP CODE (Codigo Postal)

CONTACT (Contacto) TELEPHONE (# Telefonico) YEARS IN BUSINESS (Años en Trabajo)

## PERSONAL INFORMATION ON GUARANTORS (La Informacion Personal de Garantes)

NAME (Nombre) TITLE (Titulo) CITIZENSHIP (Ciudadano) SOCIAL SECURITY # (# de Seguro Social) DATE OF BIRTH (Fecha de Nacimiento)

HOME ADDRESS (Direccion de Casa) CITY (Ciudad) STATE (Estado) ZIP CODE (Codigo Postal)

HOME TELEPHONE # (# Telefonico) OWN OR RENT PRESENT HOME? (Dueño o renta?) HOW LONG AT THIS ADDRESS? (Cuanto tiempo en direccion?)

NAME (Nombre) TITLE (Titulo) CITIZENSHIP (Ciudadano) SOCIAL SECURITY # (# de Seguro Social) DATE OF BIRTH (Fecha de Nacimiento)

HOME ADDRESS (Direccion de Casa) CITY (Ciudad) STATE (Estado) ZIP CODE (Codigo Postal)

HOME TELEPHONE # (# Telefonico) OWN OR RENT PRESENT HOME? (Dueño o renta?) HOW LONG AT THIS ADDRESS? (Cuanto tiempo en direccion?)

## COMPANY BANK REFERENCES (Referencia de Banco de Compania)

NAME OF BANK BRANCH (Nombre del Banco) ACCOUNT# (# Cuenta) TELEPHONE (# Telefonico) CONTACT (Contactar)

## TRADE REFERENCES (Comercio Menciona)

INSURANCE AGENCY (Agencia de Aseguranza) TELEPHONE (# Telefonico) CONTACT (Contactar)

HAULING REFERENCE (Referencia) TELEPHONE (# Telefonico) CONTACT (Contactar)

HAULING REFERENCE (Referencia) TELEPHONE (# Telefonico) CONTACT (Contactar)

## FLEET INFORMATION (Informacion de Fugaz)

1. # OF TRUCKS IN FLEET (# de camionetas en fugaz) 2. REPLACEMENT OR ADDITIONAL UNIT (Replaso o Adicional)

TRUCK FINANCE REFERENCE (Referencia de camioneta financiada) TELEPHONE (# Telefonico) CONTACT (Contactar)

If you intend to apply for joint credit or as a Guarantor (Si PG1 (GP1) PG2 (GP2)  
intenta aplicar para credito junto o para garantia personal)

initial here (iniciales aqui):

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the applicants income derives from any public assistance program or any right under the Consumer Credit Protection Act. The Agency to contact concerning this creditor is Office of Thrift, 10 Exchange Place, Jersey City, NJ 07302. NOTICE: If you intend to act as a guarantor for the credit of one or more applicants and are providing information to (SFG) or its assigns for that purpose, please note that if (SFG) or its assigns determines that you do not meets its standards of credit for the amount and or kind of credit desired by the primary applicant(s), (SFG) or its assigns is required to provide specific reasons for such adverse action to the primary applicant(s) and not to you. Unless you are willing to share the specific reasons for such adverse action based upon your credit history with the primary applicant(s) you should not submit this Principal/Guarantor information or a Personal Financial Statement to (SFG) or its assigns. (EN ESPAÑOL DISPONIBLE PREGUNTE??)

Signature (Firme) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_