

<b>Individual Credit Application</b> 1-800-521-5859		<b>Mail to:</b> Schneider Finance, Inc. P.O. Box 2750 Green Bay, WI 54306-2750		<b>Schneider Referral Program Information</b> Referred By:	
Attn: Contractor Sales Rep.		<b>Fax to:</b> 1-800-648-4926			
First Name	Middle	Last Name	Suffix (ie:JR)	Social Security #	Date of Birth
Present Address (Number & Street)			City	County	CDL# and State of Issue
			State	Zip Code	DOT Physical issued for? 90 days <input type="checkbox"/> 1 YR <input type="checkbox"/> 2 YR <input type="checkbox"/>
Time at this address?	Years:	Months:	Home Phone No: (      )		
E-mail address			Cell Phone No: (      )		
Previous Address (if less than 3 years at current address)			City	State	Zip Code
Time at this address?	Years:	Months:	Phone No: (      )		
Spouse: First Name	Middle	Last Name	Spouse SS #		Spouse's Occupation & Salary
Will your spouse be co-signing for the equipment?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nearest relative not living with you	Address (number, street, city, state, zip)				Relationship
					Phone
Additional personal reference	Address (number, street, city, state, zip)				Relationship
					Phone
<b>EMPLOYMENT (PAST 5 YEARS)</b> Attach an additional sheet if needed      Check those that apply					
Current Employer	Phone	Dates of Employment (MM/YY) Begin      End		<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> 48 States
Previous Employer	Phone	Dates of Employment (MM/YY) Begin      End		<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> 48 States
Previous Employer	Phone	Dates of Employment (MM/YY) Begin      End		<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator	<input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> 48 States
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Total Commercial Driving Experience:		Years as Company Driver:		Years as Owner Operator:	
Carrier truck will haul for			MC #	Phone	
Address (Number & Street)			City	State	Zip
How will equipment be used?		Team <input type="checkbox"/>	Solo <input type="checkbox"/>	Miles per Year: _____	
IF TEAM: Have you ever run team? Yes <input type="checkbox"/> No <input type="checkbox"/> How long: _____ Teamed with the proposed team partner? Yes <input type="checkbox"/> No <input type="checkbox"/> How long: _____					
Have you or your spouse EVER FILED Bankruptcy?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you or your spouse ever returned or had an item repossessed?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you or your spouse DEFENDANTS in ANY legal action? ie: divorce      Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you responsible for any marital or child support obligations?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you answered YES to any of the above questions please explain why (include dates, reasons and amounts owed):					

