

LAS SALES, LLC DBA:



# IRON HORSE SALES & SERVICE



*Fleet & Equipment sales, maintenance, Preventive, Technical*

4079 Hwy. 190

Eunice, LA 70535

Phone (337) 457.9000

## APPLICATION FOR CREDIT

### EQUIPMENT INTERESTED IN PURCHASING:

\_\_\_\_\_

### APPLICANT:

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP, COUNTY: \_\_\_\_\_

YEARS AT RESIDENCE \_\_\_\_\_

MONTHLY HOUSING PAYMENT \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

US CITIZEN: YES OR NO

NAME & ADDRESS OF EMPLOYER:

\_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

OTHER INCOME & SOURCE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

**\*\*SEE NEXT PAGE FOR CO-APPLICANT\*\***

**CO-APPLICANT (IF APPLICABLE):**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY, STATE, ZIP, COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

US CITIZEN: YES OR NO

NAME & ADDRESS OF EMPLOYER:

\_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

OTHER INCOME & SOURCE: \_\_\_\_\_

CO APPLICANT SIGNATURE: \_\_\_\_\_

PLEASE FILL OUT AND RETURN TO:

BROCH LEGER: [BLEGER.IRONHORSE@YAHOO.COM](mailto:BLEGER.IRONHORSE@YAHOO.COM)

KEITH LANGLEY: [KLANGLEY.IRONHORSE@YAHOO.COM](mailto:KLANGLEY.IRONHORSE@YAHOO.COM)