

Check Cashing Application

PERSONAL INFORMATION

Date _____

Phone Number

Applicant Name

Address

City State Zip

Applicant Social Security Number

How long in business? _____ Number of trucks _____

BANK INFORMATION (MUST BE COMPLETED)

Phone Number

Bank Name

Address

City State Zip

Account Number

Bank Routing Number (Must be 9 digits)

CREDIT REFERENCES

Name _____

Address _____

City / State / Zip _____

Phone Number _____

Name _____

Address _____

City / State / Zip _____

Phone Number _____

**IMPORTANT: THIS APPLICATION WILL NOT BE PROCESSED IF ILLEGIBLE OR INCOMPLETE.
MUST INCLUDE A NON-REFUNDABLE \$25.00 APPLICATION PROCESSING FEE (CHECK ONLY)
MADE PAYABLE TO TA Operating, LLC**

I authorize the release of any information concerning my credit history, including my checking account.

Authorized signature _____

Print Name _____

Title or Position _____



Station Stamp

**Please mail to:
TA Operating, LLC
Credit Department
24601 Center Ridge Road, Suite 300
Westlake, OH 44145-5634**