

**EQUIPMENT INFORMATION**

Sales Rep:

Description:	<input type="checkbox"/> Truck	<input type="checkbox"/> Trailer	<input type="checkbox"/> Other	Equipment Cost: \$	Down Payment: \$
Seller:			Contact:	Phone:	
Equipment Year:	Make:	Model:	Hours:	Mileage:	
Current Equipment: # of Trucks		# of Trailers	Other:		
How Many Have Clear Title?		Are You Interested In Refinancing Any Current Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**COMPANY INFORMATION**

Company (Legal Name)			Phone:	Fax:	
Address:		City:	State:	Zip:	
Years In Business:	Years	Driving Experience:	Years	Do You Have A CDL?	Years
Business Entity: <input type="checkbox"/> Sole Proprietor			<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
Federal ID#/Country ID#:		Annual Gross Sales: \$	Email:		
Hauling Reference:			Reference Contact:	Phone:	

**APPLICANT INFORMATION**

Applicant Name:		% Owned	Co-Applicant Name:		% Owned
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:		<input type="checkbox"/> Land <input type="checkbox"/> Mobile	Phone:		<input type="checkbox"/> Land <input type="checkbox"/> Mobile
Country ID/SS#:	D.O.B: ___/___/_____		Country ID/SS#:	D.O.B: ___/___/_____	
How Long At Present Address?		Years	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How Long At Present Address?	
		Years	<input type="checkbox"/> Rent <input type="checkbox"/> Own		

**BANKING REFERENCES**

Bank Name/Branch:			<input type="checkbox"/> Personal	<input type="checkbox"/> Business
Account #:	Phone:	Contact:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
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Account #:	Phone:	Contact:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

**COMMERCIAL LEASE OR LOAN REFERENCES**

Lender:	Account #:	Loan Amount: \$
Contract:	Phone:	Amount Paid: \$
Lender:	Account #:	Loan Amount: \$
Contract:	Phone:	Amount Paid: \$