



**COMMERCIAL FINANCE/LEASE APPLICATION (Confidential Information)**

COMPANY NAME		ADDRESS	
PERSON TO CONTACT	TITLE	CITY/STATE	ZIP
FEDERAL ID #	EMAIL ADDRESS	BUSINESS PHONE	FAX
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		YEAR STARTED	YEAR INCORPORATED

**Personal Credit Information--Required for Guarantee**

1. PRINCIPAL/OWNER NAME		TITLE	RESIDENCE ADDRESS	OWN HOME ? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY #	BIRTHDATE	HOME PHONE	CITY/STATE	ZIP
2. PRINCIPAL/OWNER NAME		TITLE	RESIDENCE ADDRESS	OWN HOME ? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY #	BIRTHDATE	HOME PHONE	CITY/STATE	ZIP

**DESCRIPTION OF BUSINESS & BRIEF HISTORY OF COMPANY:**


**CREDIT INFORMATION**

BANKING INSTITUTION	ACCOUNT #	ACCOUNT TYPE	OFFICER CONTACT	PHONE NUMBER
1.		<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Loan		
2.		<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Loan		
3.		<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Loan		
DEBT/TRADE REFERENCE NAME	CITY/STATE	CONTACT NAME	PHONE NUMBER	
1.				
2.				
3.				

**CURRENT FLEET DATA: (List additional trucks & equipment on separate sheet)**

YEAR/MAKE/MODEL	BODY	WHERE FINANCED	YEARS IN SERVICE

**EQUIPMENT/VEHICLE TO BE FINANCED/LEASED**

YEAR/MAKE/MODEL	BODY	VENDOR	COST

TYPE OF TRANSACTION: <input type="checkbox"/> Lease <input type="checkbox"/> Finance <input type="checkbox"/> Undecided	EXPECTED ANNUAL MILEAGE:
REQUESTED TERM:	<input type="checkbox"/> ADDITION TO FLEET <input type="checkbox"/> REPLACEMENT TO FLEET

**INSURANCE AGENT DATA:**

AGENT NAME	PHONE #	ADDRESS	CITY	ST	ZIP
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**CREDIT INFORMATION RELEASE:**

I/We certify that the above information given for credit purposes is true and correct and authorize the firm or its agents to whom this application is made and any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying the application, I/We authorize all parties contacted to release credit and financial information requested as part of said investigations. If required, I/We will make available all necessary financial & tax information.

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_