|  |  |  |
| --- | --- | --- |
| **Attention:** | **Phone:** | **Fax:** |
| **Applicant Full Legal Name**      | Phone No.      | Fax No.      |
| Company Headquarters Office Address (Street Name, City, State, ZIP)      | **Tax ID Number/SSN**      |
| Email Address      | **[ ]** Corporation | **[ ]** LLC | **[ ]** Partnership | State of Organization |
| **[ ]** Sole Proprietorship | [ ]  Individual | Date of Birth      | Country of Citizenship      | Non-U.S.: Passport # and Country of Issuance      |
| **Years in Business/Year Started:**      | **Number of Employees:**      | **Annual Revenue**$      |
| Type of Business: For Hire Trucking [ ]  Private Fleet [ ]  Vocational/Work Truck Services [ ]  Lease/Rental [ ]  Municipality [ ]  |
| Types of Products Hauled or Industries Served:       |
| **Fleet Statistics** | Owned | Leased | Owner/Operators  | Average Miles | Average Age |
| Number of Trucks |       |       |       |       |       |
| Number of Trailers |       |       |       |       |       |
| Current Aggregate Monthly Loan/Lease Payments | $      |  |
| Current Aggregate Monthly Operating Lease Payments | $      |  |
| [ ]  New Equipment Purchase[ ]  Used Equipment Purchase | Purpose: |  [ ]  Growth [ ]  Replacement [ ]  Refinance |  Approx. Delivery Date:      |
| **Type of Financing Desired** | **Lease/Loan Term** |
| Loan[ ]  | Lease (TRAC       %)[ ]  | Lease (Fair Market Value/Operating Lease)[ ]  | [ ]  36 | [ ]  48 | [ ]  60 | [ ]  72 | [ ]  84 |
| Dealer Name/Supplier of Equipment      | Phone No.      |
| Dealer Address      | Fax No.      |
| **Equipment Description** (include model year, if used)      |  Equipment Price $      |
|        | - Less Trade $      |
|        | - Less Down Payment $      |
| Insurance Agent (Liability & Property)      | Phone No.      | = Financed Amount $      |
| **Equipment Location / Non-U.S. Activities** |
| Will any of customer’s Equipment be domiciled or operate within 100 miles of Mexico more than 25% of the annual miles? [ ]  No [ ]  Yes |
| Does the customer or any Equipment ever operate outside of the United States? [ ]  No [ ]  YesIf yes, list all countries and percent of annual usage there. If travel to Mexico, complete **Cross Border Activity Form**:       |
| Is screening completed on drivers prior to employment? [ ]  No [ ]  YesIf yes, what type of screen is completed?       |
| Will payments originate from non-U.S. locations? [ ]  No [ ]  YesIf yes, list the countries from which the payments will originate:       |
| Please list all countries in which the applicant, its affiliates, and subsidiaries conduct activities or have assets located:       |
| Name and Address of Any Third Party Operators:       |

|  |
| --- |
| **BENEFICIAL OWNER INFORMATION:** Complete this section for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns **25 percent or more** of the equity interests of the legal entity listed above. |
| **Beneficial Owner Full Legal Name**      | Social Security Number      | Date of Birth      | % Company Ownership      |
| Primary Address (Street Name, City, State, ZIP)      | Phone No.      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **Beneficial Owner Full Legal Name**      | Social Security Number      | Date of Birth      | % Company Ownership      |
| Primary Address (Street Name, City, State, ZIP)      | Phone No.      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance       |
| **Beneficial Owner Full Legal Name**      | Social Security Number      | Date of Birth      | % Company Ownership      |
| Primary Address (Street Name, City, State, ZIP)      | Phone No.      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **Beneficial Owner Full Legal Name**      | Social Security Number      | Date of Birth      | % Company Ownership      |
| Primary Address (Street Name, City, State, ZIP)      | Phone No.      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **GUARANTOR INFORMATION:** Complete this section for all guarantors. If needed, attach a Supplemental Information form with additional guarantors. Note: If appropriate, individuals listed above may also be listed in this section. |
| **Guarantor Full Legal Name**      | SSN/Tax ID No.      | Phone No.      |
| Primary Address (Street Name, City, State, ZIP)      | State of Organization       | **[ ]** Corporation **[ ]** LLC **[ ]** Partnership |
| **[ ]** Individual  | Date of Birth      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **Guarantor Full Legal Name**      | SSN/Tax ID No.      | Phone No.      |
| Primary Address (Street Name, City, State, ZIP)      | State of Organization       | **[ ]** Corporation **[ ]** LLC **[ ]** Partnership |
| **[ ]** Individual  | Date of Birth      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **Guarantor Full Legal Name**      | SSN/Tax ID No.      | Phone No.      |
| Primary Address (Street Name, City, State, ZIP)      | State of Organization       | **[ ]** Corporation **[ ]** LLC **[ ]** Partnership |
| **[ ]** Individual  | Date of Birth      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| **COMPANY PRINCIPAL INFORMATION:** Complete this section for one individual with significant responsibility for managing the legal entity such as:* An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
* Any other individual who regularly performs similar functions.

Note: If appropriate, an individual listed above may also be listed in this section.  |
| Full Legal Name and Title      | Social Security Number      | Date of Birth      |
| Address (Street Name, City, State, ZIP; not a PO box)      | Country of Citizenship      | If Non-U.S.: Passport # and Country of Issuance      |
| Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever been convicted of a Felony? [ ]  No [ ]  YesIf yes, please explain:        |
| Has the Applicant, Beneficial Owner(s), Guarantor(s), or Principal(s) of the Applicant ever filed for bankruptcy? [ ]  No [ ]  YesIf yes, date filed and please explain:       |
| **Related Companies (Please indicate affiliation. Ex: Subsidiary, Common Ownership)** |
| Company Name      | Affiliation      | Activities Conducted in what Countries?      |
| Company Name      | Affiliation      | Activities Conducted in what Countries?      |
| **Top Three Customers (Haul Sources)** |
|        % of annual sales | Name       | Since       | City, State       |
|        % of annual sales | Name       | Since       | City, State       |
|        % of annual sales | Name       | Since       | City, State       |
| **References** |
| Bank      | Business and/or Personal Acct No.      | Contact Name      | Phone No.       |
| Operating Line with      | Approved Amount      | Outstanding Amount      | Contact Name      | Phone No.       |
| Finance Companies (List your major creditors)      |
| **Certification**I certify that the information stated in this application is complete and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history (including criminal background checks), obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to whom you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.**PLEASE NOTE: At least one Beneficial Owner and all individual Guarantors listed above must sign this application. For additional Beneficial Owners or Guarantors, please provide information as shown above on a separate document.** |
| Applicant Signature  | Title | Date |
| Applicant/Beneficial Owner/Guarantor Signature  | Title | Date |
| Beneficial Owner/Guarantor Signature  | Title | Date |
| Beneficial Owner/Guarantor Signature  | Title | Date |
| Beneficial Owner/Guarantor Signature  | Title | Date |

**Notice to Applicants and Guarantors:** To help the government fight the funding of terrorism, narcotics trafficking, trans-national organized crime, and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. Additionally, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.