

NOTICE — EQUAL CREDIT OPPORTUNITY ACT

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicants have the right to receive a statement of specific reasons for adverse actions within 30 days, if the statement is requested within 60 days of the creditor's oral or written notification of the adverse action.

SECTION 1 – APPLICANT INFORMATION (BUSINESS)

The applicant is the business requesting credit.

Legal Business Name *		DBA / Trade Name (if different)	
Business Street Address *			
City *	State *	ZIP Code *	
Business Phone *	Business Fax	Business Email *	
Website	Federal Tax ID / EIN *	Date Business Established	
Type of Entity ☐ Sole Proprietorship ☐ Partnership ☐ LLC ☐ Corporation ☐ Other			
State of Incorporation / Formation	Number of Employees	Estimated Annual Revenue	
Nature of Business / Products or Services to be Purchased			

Is this in addition to the customer's current fleet, or replacing it?

☐ In Addition to Fleet ☐ Replacing Fleet

Billing Contact (if different from above)

Billing / Accounts Payable Address	Accounts Payable Contact Name
Accounts Payable Phone	Accounts Payable Email

SECTION 2 – TRADE REFERENCES

Trade References (suppliers currently extending credit to the business)

Trade Reference 1 — Company Name	Contact Name	Phone	Account Number
Trade Reference 2 — Company Name	Contact Name	Phone	Account Number
Trade Reference 3 — Company Name	Contact Name	Phone	Account Number

For office use only:

Approved By	Credit Limit Approved	Date Approved
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SECTION 3 – CO-APPLICANT INFORMATION (BUSINESS OWNER)

The co-applicant is an owner of the business.

Full Legal Name *		Title / Position
Percentage of Ownership *		Date of Birth
Home Street Address *		
City *	State *	ZIP Code *
How Long at Current Address?	Homeowner? ☐ Yes ☐ No	If Yes, Monthly Mortgage Payment
Previous Address (if less than 2 years at current address)		
Home / Cell Phone *	Email Address *	Social Security Number *
Driver's License Number	State Issued	

APPLICANT STATEMENT

I certify that the information stated in this application is true, complete, and correct. 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 obtain credit reports on the Company and the Guarantor, including information about our credit and employment history, obtain insurance information and to answer any 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 contacted to release to you such credit information requested. I understand that it is my responsibility to notify you, or any assignee of a credit contract between you and me, of any change of name or address. I agree if credit is extended to the Company the following apply: (1) you may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons; (2) I expressly consent to you using prerecorded/artificial voice messages, text messages and/or automatic dialing equipment for servicing or collection of my account as the law allows; (3) I agree that you may take these actions using the telephone number(s) that I provide you in this application, or that I provide you in the future, even if the number is for a mobile telephone and/or your use of the number results in charges to me.

Business Applicant

Authorized Signature	Print Name / Title	Date
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Co-Applicant — Owner

Signature	Print Name	Date
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REQUIRED DOCUMENTS

Please provide the following along with this signed application:

- A picture of the front and back of the owner's driver's license.
- A picture of the owner's insurance card.
- Three (3) months of business bank statements.
- If business bank statements are unavailable, three (3) months of personal bank statements.

SECTION 4 – SECOND CO-APPLICANT (ADDITIONAL OWNER)

Complete and include this page only if there is a second owner. Otherwise, do not send it.

Full Legal Name		Title / Position	
Percentage of Ownership		Date of Birth	
Home Street Address			
City	State	ZIP Code	
Home / Cell Phone	Email Address	Social Security Number	
Driver's License Number	State Issued		

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I certify that the information stated in this application is true, complete, and correct. 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 obtain credit reports on the Company and the Guarantor, including information about our credit and employment history, obtain insurance information and to answer any 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 contacted to release to you such credit information requested. I understand that it is my responsibility to notify you, or any assignee of a credit contract between you and me, of any change of name or address. I agree if credit is extended to the Company the following apply: (1) you may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons; (2) I expressly consent to you using prerecorded/artificial voice messages, text messages and/or automatic dialing equipment for servicing or collection of my account as the law allows; (3) I agree that you may take these actions using the telephone number(s) that I provide you in this application, or that I provide you in the future, even if the number is for a mobile telephone and/or your use of the number results in charges to me.

Second Co-Applicant — Owner

Signature	Print Name	Date
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