

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

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?	If Yes, Monthly Mortgage Payment
	Yes No	
Previous Address (if less than 2 years at current address)		
Home / Cell Phone *	Email Address *	Social Security Number *
Driver's License Number	State Issued	

Business Applicant

Authorized Signature	Print Name / Title	Date

Co-Applicant — Owner

Signature	Print Name	Date

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

Second Co-Applicant — Owner

Signature

Print Name

Date