

Local: (917)-403-2121 Toll Free: (833)-BADBOY-5 BadBoyzTMS.com

Fill out complete application and sign. Our funding pros will get to work for you immediately upon receipt.

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Have You Applied Before? YES	NO CAC	G Rep.				What	t Would You Li	ke To Finance?		Truck	Over	haul
How Did You Hear About Us?						Trans	saction Type	Overhau	ıl	Private Sale		Dealer Purchase
DEALER / CONTACT				DEALER PHONE				DEA	ALER FAX			
EQUIP. DESCRIPTION				EQUIP. COST				\$ TC	O PUT DO	OWN		
		В	ORRO	WER COM	PANY	INFOR	RMATION					
BORROWER'S COMPANY NAME												
COMPANY MAILING ADDRESS												
PHYSICAL ADDRESS					EQL	JIP. LOCATI	ON					
CITY STATE								ZIP				
BUSINESS PHONE		HOM	IE PHONE	E				MOBILE PHONE				
OTHER PHONE/NEXTEL #		FAX						EMAIL ADDR	ESS			
YEARS IN BUSINESS				BUSINESS TYPE				<u>'</u>				
YEARS OF EXPERIENCE				LIMITED/0	CORP	PA	RTNERSHIP	PROPRIE	ETORSHI	P FEDERAL ID	:	
DOT#	MC#			CAB CARD#				DR.L	.IC.#			
WILL YOU HAVE ADDITIONAL DRIVE	RS? YES	NO		ADD. DRIVER LI	CENSE	#		ADD	. DRIVER	LICENSE STATE		
		BOR	ROWE	R / CO-BOF	ROV	VER IN	ORMATI	ON				
BORROWER					CO-B	ORROWER						
ADDRESS					ADDRESS							
CITY STATE ZIP			ZIP	CITY						STATE	ZIP	
PHONE					PHONE					I		
SOCIAL SECURITY#					SOCIAL SECURITY #							
DATE OF BIRTH DRIVER LICENSE#					DATE OF BIRTH DRIVER LICENSE#							
Married? Yes No					Married? Yes No							
			N	MORTGAGE	INFO	RMATI	ON					
How Long at present address? Ye	ars:	Months:			Do you	ı R	lent	Own your	home?			
Mortgage Company OR Landlord Name			,			Phone						
Value of Home: \$		Mort	gage Bal	ance \$								
BAI	NK ACCOUNT				plea	se prov	ride 3 mo	nths bank	state	ments)		
BANK			K PHONE		•	ACCOUNT				HLY PAYMENT		TYPE
												CHECKING
												SAVINGS
												CHECKING SAVINGS
												SAVINGS
		Cl	JRREN	IT EMPLOY	MEN	T INFO	RMATION					
COMPANY NAME CITY, STATE			PHONE			CONTACT		HOW		G INCOME		
To the best of your knowledge, how	many owner-opera		_									
		F	UTUR	E EMPLOYN	ΛΕΝΤ	INFOF	RMATION					
COMPANIVALAME							CONTACT			HOW LONG	INCO	ΛΕ
COMPANY NAME	CITY, STATE			PHONE			CONTINCT					
	,						CONTINCT					
To the best of your knowledge, how	,	ators does th	nis compa	any employ?								
	,	ators does th	nis compa		EMP	PLOYER						
	,	ators does th	nis compa	any employ?	EMP	PLOYER				HOW LONG	INCOM	ИE
To the best of your knowledge, how	many owner-opera	ators does th	nis compa	any employ? PREVIOUS	EMP	PLOYER	:S			HOW LONG	INCOM	ЛΕ

				GENERAL BUSI	NESS QUESTIONS					
Will this be your	First	Additional	Replacement	Unit	How many persons do you currently employ?					
What products do	you haul?			Within what radius do you haul?						
How much money	will this truck e	arn for you?								
Are you interes	ited in possil	bly saving \$	\$ on your comme	rcial truck insurar	nce? Yes	No				
If required, could a	any of your truc	ks be pledged	for additional collate	ral? Yes	No					
If YES: YEAR:	MAK	Œ:		MOI	DEL:	TYPE				
Suppose 2 months	s from now you	ır engine blew	how would you com	e up with the necessa	ary funds to pay for repairs	s?				
Truck repair shop,	name, location,	, phone numb	er, contact informatio	n:						
Is there any warran	, ,			o (If yes, please expla	·					
Have any of the abo	ove individuals	been involved	in any bankruptcy pro	oceedings either busin	ess or personal?	Yes No (I	f yes, please exp	lain below)		
D-4	- -: :4	1 / : 4 -	+) +-							
Rate your mechani	cal ability from	i (being the le	ast) to 5 (most experie		ADED OF TOUGHS					
				PRESENT NUN	MBER OF TRUCKS					
YEAR	YEAR MAKE		MODEL		FINANCED BY	ACCOU	NT#	PHONE #		
	CUDDI		ENGES (Disease			ala Garlada Ca				
		IEK KEFEK	-	, .	chase supplies, to		r your busi	-		
C	COMPANY		PHONEN	NUMBER	ACCOUNT	NUMBER		CONTACT NAME		
			RELATIVES (P		Not Living With T					
	NAME			ADDRESS		PHONE NU	IMBER	RELATIONSHIP		
				601						
					MENTS					
At CAG, We Listen	To The Custome	r's Story. Pleas	e tell us your credit sto	ory and please be spec	ific.					
		. 1								
The undersigned of			nation given for credit	t purposes is true and	correct. The undersigned	also authorizes CAG T	ruck Capital and	I/or it's associates any access		
to credit bureau o	r other investig	ation agency t	o investigate the refe	rences, statements or	data listed in or accompa			The undersigned authorizes		
all parties contact	ed to release cr	edit and finan	cial information as pa	rt of said investigatio	n.					
								products and services that		
					irchase any such products iability for any products o			on the credit approval process. d parties.		
7					, , , , ,		,	.		
Applicant Ciana	turo:					Date:				
Thhirealit sidilg	.uie					Date				
Co Aw-1!- + -	10					Data				
Co-Applicant (if a	applicable:					Date:	,			