# Credit Application

**Saffron Financial Services LLC**

4801 District BLVD. Suite 100 Bakersfield, CA 93313: (661) 640-7200: jchoi@saffronfinancials.com

### *Business Information*

| Business Name | | | MC # | DOT # |
|---|---|---|---|---|
| Physical Address | City | State | ZIP | |
| Garaging Address | City | State | ZIP | |

| Contact Person | Title | Phone # | Email |
|---|---|---|---|

| Trucks Own | Trailers Own | # of O/O | Fed Tax ID | Date of Corp | ☐ C-Corp ☐ S-Corp ☐ LLC |
|---|---|---|---|---|---|

| How Long in Business | How Long as Owner Operator | How Long as Company Driver | State of Corporation |
|---|---|---|---|

### *Individual, Guarantors Information*

| Name | % Ownership | Title | DOB | SS # | Cell # |
|---|---|---|---|---|---|
| Home Address | City | State | ZIP | Email | |
| Name | % Ownership | Title | DOB | SS # | Cell # |
| Home Address | City | State | ZIP | Email | |

### *Haul/Employment Information*

| Current Haul Reference | Material Haul | Contact Name | How Long | Phone # |
|---|---|---|---|---|
| Current Haul Reference | Material Haul | Contact Name | How Long | Phone # |

### *Equipment Finance Reference*

| Credit Reference | Account # | Contact Name | Phone # |
|---|---|---|---|
| Credit Reference | Account # | Contact Name | Phone # |

Is Screening completed on Drivers prior to employment? ☒Yes ☐No. If yes, what type of screening is completed? Medical ______________________.

Has the Applicant, Guarantor(s), or Principal of the applicant ever filed Bankruptcy? ☐Yes ☒No.

Will the truck & trailer ever be used outside of the United States? ☐Yes ☒No.

Do you send regular (recurring) payments to or receive regular (recurring) payments from non-U.S. locations? ☐Yes ☒No.

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 FTC Regional Office for the Western Region of the Federal Trade Commission, which is located at the following address: Federal Trade Commission, 10877 Wilshire Blvd., Suite 700, Los Angeles, California 90024 or also the Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action, you have the right to a statement of specific reasons for the adverse action if you request such a statement within 60 days from Saffron Financial Services, LLC at the following address 4801 District Blvd. Suite 100. CA 93313. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available. The Applicant (which term includes the business entity named above and each owner, guarantor principal, partner or member) authorizes Saffron Financial Services, LLC, its affiliates along with its successors and/or assigns (each, a "Creditor") and any credit bureau or other investigative agency engaged by Creditor to investigate, obtain and share information from time to time from any source (included, but not limited to references listed in the Application) about Applicant's credit standing and responsibility, including, but not limited to, obtaining credit reports and other financial information to evaluate this application and to review Applicant's account. By signing this Application, the Applicant authorizes Creditor, its affiliates, and assignees to share the Applicant's credit and other information as permitted by law. The Applicant represents and warrants to Creditor that: (a) all of the representations and information provided in this application, and all other representations, statements, reports or information made or delivered to Creditor are true, complete and correct in every respect; and (b) Applicant is requesting that Creditor extend credit or enter into transactions with Applicant for commercial and business purposes only, and such transactions are not for personal, family or household purposes. The applicant represents that it has reviewed this document and the information.

SPECIAL AUTHORIZATIONS: By signing below, I (individually and on behalf of any entity, as the case may be) hereby authorize: (i) BMO to request, obtain and disclose information bearing on Applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living, including credits reports and background checks (collectively, "Credit Information"), including without limitation disclosing Credit Information to any vehicle dealer from which Applicant may be purchasing any items or obtaining any services; (ii) credit reporting agencies, Applicant's banks and other third parties to provide Credit Information to BMO; and (iii) BMO to file UCC financing statements covering Applicant's vehicles and/or other intended collateral, in anticipation of extension(s) of credit.

**Signature:** ______________________ **Print Name:** ______________________ **Title:** ________________ **Date:** ________________

**Signature:** ______________________ **Print Name:** ______________________ **Title:** ________________ **Date:** ________________

**Signature:** ______________________ **Print Name:** ______________________ **Title:** ________________ **Date:** ________________

*** Valid Commercial or Individual Driver's License Required with Application ***