

EQUIPMENT FINANCE APPLICATION

BUSINESS NAME	I OMEK INFORMA											
					BUSIN	NESS PHONE #	1	EMAI	IL ADDRESS			
BUSINESS ADDRESS						CITY				STATE	ZIP	
APPLICANT'S NAME (AS IT APPEARS ON DRIVER'S LICENSE) SOCIAL					CURITY	/ NUMBER	DATE OF B	IRTH	EIN#			
HOME ADDRESS						CITY				STATE	ZIP	
							1					
ENT OR OWN HOME YEARS AT ADDRESS HOME PHONE #				:#			MOBILE#				% OWNERS	SIP
ORMER ADDRESS (IF LE	SS THAN 5 YEARS AT	PRESENT)				CITY	1			STATE	ZIP	
YEARS AT ADDRESS MARITAL STATUS (CIRCILE ONE) SPOUSE'S NAM SINGLE MARRIED DIVORCED									SPOUSE'S	MOBILE #		
CO- APPLICANT'S NAME (AS IT APPEARS ON DRIVER'S LICENSE) SOCIAL S					URITY	Y NUMBER DATE OF BIRTH MARITAL SINGLI			STATUS (CIRCILE ONE) E MARRIED DIVORCED			
HOME ADDRESS						CITY				STATE	ZIP	
RENT OR OWN HOME YEARS AT ADDRESS HO			DME PHONE #				MOBILE#	DBILE#			% OWNERS	SIP
Has any applicant ever	filed Bankruptcy?	ls a	ny applica	ant a defend	ant in	any legal acti	on?	Has any ap	oplicant eve	r had an ite	em repossesse	ed?
NOYES	If YES, please explain	below.	NO	YES If	f YES, ¡	please explair	below.	NO	YES	If YES, pl	ease explain l	below
XPLANATION:												
THIS TRUCK IS A:										TOTAL # C	OF TRUCKS ON	WNED
	FIRST TRUCK PURCHA	SEREP	LACEMEN	T or UPGRAI	DE _	ADDITIO	NAL TRUCK	от	HER			
2. EXPERIENCE												
FOF YEARS WITH CDL	WITH CDL # OF YRS AS O/O TRUCK TO WORK FOR (LIST COMPANY					CONTACT			PHONE#			
COMPANY'S ADDRESS		I				CITY				STATE	ZIP	
3. TRUCK USAGE												
ROUTE (CHECK ONE) HAULING (CHECK ALL THAT AP					•						IAVE YOUR O	WN
LOCAL REGIONAL LONG HAUL EXPECTED WEEKLY EXPECTED			REEFER EXPECTED \$/MILE			FLAT BEDHAZARDOUSOTHE			OTHER	AUTHORITY? STATE EXP. DATE		
GROSS REVENUE	MILES/WE		F^	APECIED 3/IV	/IILE	CD	'L#			SIAIE	EAP. DATE	
WILL PURCHASER BE DRVINGING THIS TRUCK? DRIVER'S NAME (APPEA	AERS ON DRIVE	R'S LICENSI	Ξ)		RELATION	ISHIP	
NOYES If N	IO, provide driver info	ormation→										
DRIVER'S ADDRESS												
						CITY				STATE	ZIP	
DRIVER'S PHONE #		# OF YEARS W	ITH CDL			CDL#				STATE STATE	ZIP EXP. DATE	
	HISTORY FOR PA			RESENT EI		CDL#	Γ)					
DRIVER'S PHONE # 4. EMPLOYMENT NAME AND ADDRESS O				RESENT EI		CDL#	•	POSITIO	ON HELD			G
4. EMPLOYMENT NAME AND ADDRESS O	F COMPANY			RESENT EI	MPLO	CDL# OYER FIRS	BER		ON HELD		EXP. DATE	
4. EMPLOYMENT	F COMPANY Wledges the statemer Services, LLC (Sharp) ns, as well as other creation for credit only, a	AST FIVE YE nts on this applii to make credit edit reporting s nd the final teri	ARS (PF	true, correct The undersig	MPLO t and a gned a s them	CDL# OYER FIRST PHONE NUM PHONE NUM accurate to the outhorizes Shall to furnish suc	BER BER best of my rp and its af th informati	POSITION Report No. 10 Position knowledge filiates to o on to Sharp	on HELD , and the in btain any co	STATE formation consumer and signed ackn	HOW LON HOW LON ontained here d/or business nowledges tha	ein ma inforn
4. EMPLOYMENT NAME AND ADDRESS O NAME AND ADDRESS O The undersigned ackno used by Sharp Financial from banks, credit unio application is an applica	F COMPANY Wedges the statemer Services, LLC (Sharp) ns, as well as other creation for credit only, a nt(s) receives the sam	ats on this appliint on make credit edit reporting son the final terms in writing from	cation are decisions. ervices, arms of the fm Sharp.	true, correct The undersiq nd authorizes financing agr	t and a gned a s them	PHONE NUM PHONE NUM accurate to the authorizes Sha to furnish such that will be base	BER BER be best of my rp and its af th informati d on the do	knowledge filiates to o on to Sharp cuments th	on HELD e, and the in btain any co o. The under emselves. N	STATE formation consumer and signed acknowledge ackno	HOW LON HOW LON ontained here d/or business nowledges tha	ein ma informat this til the