

Confidential Application



CARRIER INFORMATION

Business Name and DBA (if any) Great Oak Logistics LLC				Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp	
Federal Tax ID 815070877	Year Filed 2017	State TX	State Tax ID	DOT# 2969016	MC# 007066872C
Office Number	Cell Number 325 2261414	Email texasgold12@yahoo.com		Fax	
Address 22266 Chula Vista			City, State, Zip Christoval TX 76935		
Mailing Address P.O. Box 637			City, State, Zip Christoval TX 76935		
Please list any affiliated entities and majority ownership in any other companies.					

SALES INFORMATION

Monthly Business Revenue (\$)	Maximum Funds Needed (\$)	Current Factor (if any)	Accounting Software Program
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OWNER(S) (If there are additional owners, please include those on a separate sheet.)

Full Name of Owner 1 Francisco Mcgee	Title Owner	% of Ownership 100
Home Address 22266 Chula Vista	City, State, Zip Christoval TX 76935	SSN
Full Name of Owner 2	Title	% of Ownership
Home Address	City, State, Zip	SSN

ITEMS REQUIRED TO COMPLETE DUE DILIGENCE AND APPROVE FUNDING:

<input checked="" type="checkbox"/> Articles of Organization <input type="checkbox"/> Copy of Owner(s) Drivers License(s) <input checked="" type="checkbox"/> W-9 <input type="checkbox"/> Customer List	<input checked="" type="checkbox"/> Copy of a Voided Check <input type="checkbox"/> Accounts Receivable Aging <input checked="" type="checkbox"/> Liability & Cargo Insurance Certificate	<input type="checkbox"/> DecisionLogic (Acceptance form via email) OR <input type="checkbox"/> Read-Only access to bank accounts
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I/We certify: (i) I/we are authorized to apply on behalf of the company whose full legal name appears above, (ii) all information provided in this application and in the documents and other information provided to Transac are full, true, correct, and complete. I/We authorize Transac to request, receive, and verify credit reports and other financial information regarding applicant(s) and its business that Transac deems necessary and appropriate; that Transac is authorized to file against and execute financing statements with respect to assets in the name of the applicant(s) in favor of Transac; and that Transac is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents and other information provided under or pursuant to this application, or learned by Transac as part of its investigation and review of this application, applicant(s), or applicants' business. Please be aware that an electronic signature is as legally binding as a handwritten signature.

OWNER(S) OF THE COMPANY MUST SIGN THIS APPLICATION.

SIGNATURE OF OWNER 1:	DATE: 5/11/17
SIGNATURE OF OWNER 2: _____	DATE: _____

EMAIL COMPLETED APPLICATION TO: _____

Corporate: 257 East 200 South, Suite 350 • Salt Lake City, UT 84111 • 385-715-7796 Fax 1-866-226-6300