



Strategic Consulting Advisors LLC
13237 Lakeshore Drive
Plainfield, IL 60585
(815) 919-5252
dcappellett@comcast.net

Equipment Information

SALES ASSOCIATE (IF KNOWN)		TYPE OF EQUIPMENT		WILL YOU BE THE DRIVER?	
VIN / SERIAL	YEAR	MAKE	MODEL	MILEAGE	
ENGINE MAKE	ENGINE MODEL	TRANSMISSION	PRICE OR AMOUNT TO FINANCE	DOWN PAYMENT AVAILABLE	
DO YOU HAVE A TRADE?	TRADE-IN YEAR	TRADE-IN MAKE	TRADE-IN MODEL		
TRADE-IN MILEAGE		APPROXIMATE VALUE		AMOUNT OWED	

Personal Information

FIRST NAME Jennifer		MIDDLE	LAST NAME Mora		SUFFIX
STREET ADDRESS Some Random Street Name 3/5			CITY West Kathryn	STATE New Hampshire	ZIP 88888
DATE OF BIRTH 11-22-1998	AVERAGE BANK BALANCE	HOUSING STATUS <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> RENT <input type="checkbox"/> FAMILY <input type="checkbox"/> OTHER	YEARS AT CURRENT ADDRESS	MONTHS AT CURRENT ADDRESS	MONTHLY HOUSING PAYMENT
CITIZENSHIP STATUS <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> WORK VISA <input type="checkbox"/> GREEN CARD / PERMANENT RESIDENT		EMAIL ADDRESS mora@example.net		PHONE TYPE <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME	PHONE NUMBER 213-875-1856
ARE YOU A BUSINESS OWNER? <input type="checkbox"/> NO, I RECEIVE A 1099 <input type="checkbox"/> NO, I AM A COMPANY DRIVER <input type="checkbox"/> YES, I OWN A C CORP <input type="checkbox"/> YES, I OWN AN LLC <input type="checkbox"/> YES, I OWN AN S CORP <input type="checkbox"/> YES, I AM A SOLE PROPRIETOR <input type="checkbox"/> YES, I AM PART OF A PARTNERSHIP					
BUSINESS NAME asdf		YOUR TITLE		% OWNERSHIP 100	FEDERAL TAX ID asdf
BUSINESS START DATE 11-20-1000	STATE WHERE BUSINESS IS INCORPORATED		ARE YOU TAX EXEMPT?		AVERAGE BUSINESS BANK BALANCE
BUSINESS ADDRESS asdf			BUSINESS CITY asdf		BUSINESS STATE asdf
			BUSINESS ZIP asdf		



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Work History

CURRENT POSITION <input type="checkbox"/> COMPANY DRIVER <input type="checkbox"/> OWNER OPERATOR <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> NOT CURRENTLY WORKING		DO YOU HAVE A CDL?	FIRST TIME OWNER OPERATOR?	WHERE DO YOU DRIVE? <input type="checkbox"/> DROP-LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> OTR	
TOTAL YEARS DRIVING EXPERIENCE	YEARS AS OWNER OPERATOR	YEARS AS COMPANY DRIVER	HAZMAT?	WHAT DO YOU HAUL?	
CURRENT CARRIER		YEARS AT CARRIER		CURRENT MONTHLY GROSS	
CURRENT CARRIER CONTACT NAME			CURRENT CARRIER PHONE NUMBER		
ARE YOU CHANGING CARRIERS?	YEARS AT CARRIER	EXPECTED MONTHLY GROSS		ANNUAL GROSS > 1M	
PROPOSED CARRIER CONTACT NAME			PROPOSED CARRIER PHONE NUMBER		
MC NUMBER		OPERATE UNDER OWN AUTHORITY?		DOT NUMBER	
GRARAGE NAME	ADDRESS		CITY	STATE	ZIP

Fleet Information

HAVE YOU PREVIOUSLY OWNED A TRUCK OR TRAILER?	LENDER NAME	ORIGINAL LOAN AMOUNT		AMOUNT YOU OWE	
PURCHASE TYPE <input type="checkbox"/> REPLACING EQUIPMENT <input type="checkbox"/> ADDING EQUIPMENT	TYPE OF OWNER <input type="checkbox"/> SINGLE UNIT OWNER/OPERATOR <input type="checkbox"/> MULTI-UNIT / FLEET OWNER		TRUCKS IN FLEET	TRAILERS IN FLEET	APPROX. VALUE OF FLEET

Credit Authorization

The undersigned certifies that (a) all of the information contained herein or provided in connection with this application is true and correct and accurately describes the financial condition of the customer(s) as of the date hereof; and (b) I will notify Strategic Consulting Advisors LLC, and their respective successors, transferees and assigns ("Creditor") if I become aware of any material change in the financial condition of the customer(s). I hereby authorize Creditor to make inquiry into, to request, and to receive any information concerning my financial condition, including, but not limited to obtaining a credit report and contacting any current or former creditors of customer(s) to verify any information concerning my financial condition including, but not limited to, obtaining a credit report and contacting any current or former creditors of customer(s) to verify any information contained herein or received in connections with this application, which creditor deems relevant to the possible extension of credit to customer(s). I also grant any such creditors permission to release information to creditor and/or broker. I authorize creditor to disclose information to any affiliate, assigns or agent. I authorize creditor to file a UCC financing statement.

SOCIAL SECURITY NUMBER 945-21-5205	
SIGNATURE X Jennifer Mora	DATE 03-21-2025