COMPANY / BUYER / GUARANTOR INFO							
BUSINES	S OR COMPANY NAM	E (INC, LLC, OR DBA)	# YRS IN BUS.	COMPANY FED TAX I	I.D. #	STATE & Y	EAR FILED
	PERSONAL GUAR	RANTOR	% OWNERSHIP	SOCIAL SECURITY	ſ#	PG #1 - DAT	E OF BIRTH
CO BUYER OR THREE	CONAL CUARANTOR	#2 - FULL NAME (FIRST,MI,LAST)	% OWNERSHIP	SOCIAL SECURITY		PG #2 - DAT	E OF BIRTH
OO-DOTER OR TER	DONAL COANANTON	WE - I OLE HAME (I MOT, mijerot)	N OHILLIONS	GOGIAL GEOGRITI		10 11 2 2 2 1	L OI DIKIII
BUSINESS MAILING	3 ADDRESS	CITY	STATE	ZIP CODE		COUNTY	PARISH
BUSINESS PHYSICAL ADD	RESS (REQUIRED)	CITY	STATE	ZIP CODE		COUNTY	/PARISH
MAIN BUSINESS	PHONE #	OWNERS CELL # (REQUIRED)	OWN or RENT	MORTGAGE/RENT PAY	MENT	# OF YRS AT CU	IRRENT ADRESS
PREV. ADDRESS (LESS TH	AN 2 AT CURRENT)	CITY	ST	ZIP CODE	1	HOW LONG AT THIS	ADDRESS
E-MAIL ADDRESS IS (REQUIRED)							
TAX RETURNS & BANKS AVAILABLE?		EVER FILED BANKRUPTCY		EVER HAD A REPO		OPEN LEINS OR JUDGMENTS	
		BUSINESS INFOR					
# OF TRUCKS YOU	OWN NOW	# OF TRAILERS YOU OWN NOW	CDL OR D	L# & STATE ISSUED		WILL YOU BE THE	DRIVER
				ADDING EQUIPMENT TO YO			
# YRS OF TRUCKING OR	INDUSTRY EXP.	# YRS AS OWNER/OPERATOR	ARE YOU	ADDING EQUIPMENT TO YO	UR FLEET	- IF SO PLEASE EX	PAIN WHY?
TYPE OF GOODS	HAULED	ACTUAL OR EST. GROSS REVENU	BO YOU PUL	L YOUR OWN TRAILERS		STATE YOU WILL R	EGISTER?
REGIONAL or OVER TH		USDOT# (IF APPLICABLE)		AD BOARDS - Y or N	DEDIG	ATED HAUL OR CO	WTD40T V
REGIONAL OF OVER TH	IE ROAD HAUL	USDOT# (IF APPLICABLE)	USE LUX	ID BUARDS - T OF N	DEDIC	ATED HAUL OR CO	NIKACI - T OF N
FIRST TIME BUYER	VEC NO2	# YEARS CDL EXPERIENCE	WILL YOU	LEASE TO ANOTHER MOTO	D CARRIE	NEED CO NAME	O BUONE #
FIRST TIME BOTER	· TES OF NO:	W TEARS ODL EXPERIENCE	WILL TOO	LEASE TO ANOTHER MOTO	K CARRIE	N · NEED CO. NAME	a PHONE #
	wor	RK OR EMPLOYMENT HIST	DDV AS DDIVED	OWNER OPERAT	O.D.		
#1 - EMPLOYER OR		PHONE NUMBER	YRS or NEW	CONTACT NAME		DRIVER OR	OWNER OP
#2 - EMPLOYER OF	HAUL REF	PHONE NUMBER	HOW LONG	CONTACT NAME		DRIVER OR	OWNER OP
#3 - EMPLOYER OR	R HAUL REF	PHONE NUMBER	HOW LONG	CONTACT NAME		DRIVER OR	OWNER OP
#4 - EMPLOYER OR	HAUL REF	PHONE NUMBER	HOW LONG	CONTACT NAME		DRIVER OR	OWNER OP
	COMM	IERCIAL CREDIT HISTORY	(HEAVY OF ME	DIUM DUTY EQUIPM	ENT)		
I HAVE COMMERCIAL CRI	EDIT EXP - Y OR N	IF SO - HOW MANY YEAR	s	YOUR BANK NAME		\$ CASH ON	HAND NOW
BANK OR LENDER NAM	E or PAID CASH	BANK OR LENDER'S PHON	E# EQU	IPMENT (YEAR, MAKE, & M	ODEL)	ORIGINAL LOA	AN \$ AMOUNT
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