

COMMERCIAL LEASE/EFA APPLICATION(TRUCKING)										
Consultant: Phor	ne Num	ber:		Email:						
Business Information										
Business Name: asdf										
Ducing and Address of										
Business Address: asdf	Ctata				7: 6	ala. ve				
City: asdf	State: asdf			Zip Code: asdf						
Date Established: 11-20-1000					Tax ID: asdf					
Email Address: mora@example.net					Phone Number: 213-875-1856					
Personal Information										
First Name: Jennifer Last Name:					Mora					
Date of Birth: 11-22-1998					Ownership %:					
Social Security Number: 945-21-5205 Mobile Phone Number: 213-875-1856										
Home Address: Some Random Street Name 3	/5									
City: West Kathryn	State	: New H	Hampshire		Zip Code: 88888					
Rent or Own	Years at Current Address:									
Email Address:										
Co-Applicant										
First Name:										
Date of Birth:	Ownership %:									
Social Security Number: Mobile Phone Number: 213-875-1856										
Home Address:										
City:	State	State:			Zip Code:					
Rent or Own	Years at Current Ad			dress:						
Email Address:										
Haul Reference/Employment Background										
Current Employer/Haul Source Informat	ion									
Company Name:	Phone Number:					How Long:				
Address:	Goods Hauled:									
Will You Be Driving This Equipment? Yes driver # of years as Owner/Operator *If				·	_	. # Years as				
						Expiration:				
Driver Name, Full Address:						L				
					nse Number:					

Issue State:			Expiration:					
Email Address:								
Credit References								
Creditor Name & Address:								
Phone Number:			Account Number:					
Collateral:			Balance Owed:					
Creditor Name & Address:								
Phone Number:			Account Number:					
Collateral:			Balance Owed:					
List All Trucks and Trailers (owned or leased)								
Year:	Make and Model:							
Company Hauling For:			Where Financed:					
Year:	Make and Model:							
Company Hauling For:			Where Financed:					
Year:	Make and Model:							
Company Hauling For:			Where Financed:					
Year:	Make and Model:							
Company Hauling For:			Where Financed:					
Year:	Make and Model:							
Company Hauling For:			Where Financed:					
Certification/Disclosure Authorization I certify that all above information is true and correct and hereby authorize all of my credit and haul/employment references to release any information requested. I hereby authorize Quality Leasing Co., Inc. and/or its assignees to verify any and all credit information, including, however not limited to banks, trades and credit reports.								
X			· Mora	03-21-2025				
(Applicant Signature)	ature) (Print Nar			Date				
X(Co-Applicant Signature)	(P	(Print Name)		Date				