



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 03-05-2025 | 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 Anderson, Brown and Le | | YOUR TITLE | | % OWNERSHIP 100 | FEDERAL TAX ID 1288188199 |
| BUSINESS START DATE 03-03-2025 | STATE WHERE BUSINESS IS INCORPORATED | ARE YOU TAX EXEMPT? | | AVERAGE BUSINESS BANK BALANCE | |
| BUSINESS ADDRESS Some Random Street Name 3/5 | | BUSINESS CITY South Dakota | | BUSINESS STATE South Dakota | 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.

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|---|------------------------|
| SOCIAL SECURITY NUMBER 945-21-5205 | |
| SIGNATURE X Jennifer Mora | DATE 03-14-2025 |