

| APPLICANT INFORMATION | | | | | | | |
|---|--|-----------------------------|--|--------------------------------|-------------------------------|--|-----------------|
| Legal Name | | DBA (if applicable) | | | FID# | | |
| Street Address | | | | Business Phone # | | | |
| City | | State | | Zip | | Cell Phone # | |
| Contact Name | | Title | | Email | | Base Plated in CA? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| SSN# | | Years in Business | | # of Employees | | Are you in the US on a work authorization? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Date of Incorporation | | State of Incorporation | | Parent Company (if applicable) | | | |
| Legal Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation | | | | #Trucks | | #Trailers | |
| CDL? <input type="checkbox"/> N <input type="checkbox"/> Y | | # Years with CDL | | # Years as Owner/Operator | | Are you a homeowner? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| IF APPLYING AS A COMPANY, PLEASE COMPLETE THE FOLLOWING SECTION. IF NOT, SKIP TO "EMPLOYMENT INFORMATION" SECTION | | | | | | | |
| LEGAL NAME OF OWNERS, OFFICERS OR GUARANTORS (Principals with 20% or more ownership must be listed below) | | | | | | | |
| Name | | DOB | | Email | | Are you in the US on a work authorization? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Social Security # | | % Ownership | | % Cell # | | Home # | |
| Home Address | | | | Years with Company | | Years Experience | |
| Name | | DOB | | Email | | Are you in the US on a work authorization? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Social Security # | | % Ownership | | % Cell # | | Home # | |
| Home Address | | | | Years with Company | | Years Experience | |
| Name | | DOB | | Email | | Are you in the US on a work authorization? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Social Security # | | % Ownership | | % Cell # | | Home # | |
| Home Address | | | | Years with Company | | Years Experience | |
| EMPLOYMENT INFORMATION | | | | | | | |
| Current Employer/Haul Source | | | | How Long? Years | | Months <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator | |
| Contact Name | | | | Phone # | | | |
| Past Employer/Haul Source (need 3 year history total) | | | | How Long? Years | | Months <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator | |
| Contact Name | | | | Phone # | | | |
| Past Employer/Haul Source | | | | How Long? Years | | Months <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator | |
| Contact Name | | | | Phone # | | | |
| Future Employer/Haul Source (if different) | | | | Start Date | | <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator | |
| OTHER INFORMATION | | | | | | | |
| Haul Type: <input type="checkbox"/> Mexico <input type="checkbox"/> Canada <input type="checkbox"/> Port <input type="checkbox"/> Local <input type="checkbox"/> 48 - State <input type="checkbox"/> Regional, List States: | | | | | | | |
| Is 51% or more of your business conducted in California? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | Products Hauled | | Hazmat <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Replacement Equipment <input type="checkbox"/> Y <input type="checkbox"/> N | | Annual Miles Driven | | | Average Annual Gross Revenues | | |
| EQUIPMENT FINANCE REFERENCES | | | | | | | |
| Name of Finance Company/Cash | | Equipment (Year/Make/Model) | | | Original Balance | | Current Balance |
| | | | | | | | |
| | | | | | | | |

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the FTC Regional Office for the Western Region of the Federal Trade Commission, which is located at the following address: Federal Trade Commission, 10877 Wilshire Blvd., Suite 700, Los Angeles, California 90024 or also the Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action you have a right to a statement of specific reasons for the adverse action if you request such statement within 60 days from CROSSROADS EQUIPMENT LEASE AND FINANCE, LLC at the following address 9385 Haven Ave., Rancho Cucamonga, CA 91730. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit in substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available.

The Applicant (which term includes the business entity named above and each owner, guarantor principal, partner or member) authorizes CROSSROADS EQUIPMENT LEASE AND FINANCE, LLC, its affiliates along with its successors and/or assigns (each, a "Creditor") and any credit bureau or other investigative agency engaged by Creditor to investigate, obtain and share information from time to time from any source (included, but not limited to references listed in the Application) about Applicant's credit standing and responsibility, including, but not limited to, obtaining credit reports and other financial information to evaluate this application and to review Applicant's account. By signing this Application, Applicant authorizes Creditor, its affiliates, and assignees to share the Applicant's credit and other information as permitted by law. The Applicant represents and warrants to Creditor that: (a) all of the representations and information provided in this application, and all other representations, statements, reports or information made or delivered to Creditor are true, complete and correct in every respect; and (b) Applicant is requesting that Creditor extend credit or enter into transactions with Applicant for commercial and business purposes only, and such transactions are not for personal, family or household purposes. Applicant represents that it has reviewed this document and the information.

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|-------------------------------|------------------------------|-------------|
| Applicant Signature: _____ | Title (if applicable): _____ | Date: _____ |
| Co-Applicant/Guarantor: _____ | Title (if applicable): _____ | Date: _____ |
| Co-Applicant/Guarantor: _____ | Title (if applicable): _____ | Date: _____ |