

COMMERCIAL LEASE/EFA APPLICATION(TRUCKING)									
Consultant: Phor	ne Num	ber:		Er	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: 02-25-2025			Tax ID: asdf						
Email Address: mora@example.net					Phone Number: 213-875-1856				
Personal Information									
First Name: Jennifer Last Name:				Mora					
Date of Birth: 02-26-2025				Ownership %:					
Social Security Number: 945-21-5205 Mobile Phone Number: 213-875-1856									
Home Address: Some Random Street Name 3	5/5								
City: asdf	State: asdf				Zip Code: asdf				
Rent or Own	Years at Current Address:								
Email Address:									
Co-Applicant									
First Name: Last 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□ No□ *If Yes, # of Years CDL Experience # Years as driver  # of years as Owner/Operator *If No, Complete Drivers Information Below									
					Expiration:				
Driver Name, Full Address:						1			
Years of Experience: Driver's Lice				se Nur	mber:				

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:	y 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			r Mora	03-14-2025					
			me)	Date					
X(Co-Applicant Signature)	(P	rint Na	me)	Date					