

FINANCE APPLICATION

COMPANY INFORMATION

Company Name:	DBA:		
Address:	City:	State:	ZIP:
Business Phone:	Date Business Started:		
Email Address:	TAX ID:		

OFFICER(S), PARTNER(S) OR GUARANTOR(S)' INFORMATION

Name 1:	Title:	Ownership%:	
Address:	City:	State:	ZIP:
DOB:	SSN:		
Phone number:	Email Address:		
Name 2:	Title:	Ownership%:	
Address:	City:	State:	ZIP:
DOB:	SSN:		
Phone number:	Email Address:		

FLEET INFO

Trucks in fleet:	Trailers in fleet:
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COMPANY BANK REFERENCES

Bank 1 name:	Length of Relationship:
Officer's Phone Number:	Officer's name:
Bank 2 name:	Length of Relationship:
Officer's Phone Number:	Officer's name:

EQUIPMENT INFORMATION

Type:	Projected cost:	
Vendor:		
Contact Phone Number:	Name :	
<p>The submission of this application with a facsimile signature(s) will have the same validity and effect as if it bore an original ink signature(s). I hereby affirm that the information contained within this file is true and accurate. The applicant, owner(s), and guarantor (if applicable) authorize Consumer Finance Solutions or its designated representative(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history, or similar information; this authorization shall also extend to updating, renewing, or reviewing the credit and collecting the account.</p>		
Guarantor 1 Name:	Signature:	Date:
Guarantor 2 Name:	Signature:	Date: