



FINANCING APPLICATION

Name of Borrower:					Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni				
Physical Address				City		State		Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)				City		State		Zip	
Phone		Fax		Cell Phone		Email			
Federal I.D. # or Social Security		Year Started		Year Incorp: State Incorp:		Self Insured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Physical Damage Deduct. Amt:	
CDL#	Driver's Date of Birth		Radius of Operations		State Garaged		MC Authority?		
Annual Sales: <input type="checkbox"/> <\$2MM <input type="checkbox"/> <\$5MM <input type="checkbox"/> >\$5MM			Nature of Business/ Haul Description						
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of yrs driving experience (please complete "Company Hauling For" below)							
# of power units owned:		# of trailers owned:		Haul Haz Mat? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Haz Mat hauled list type:			
Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outstanding Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. Owner Name (May be Same as Borrower if Individual)			% Owned	Date of Birth	Title		Social Security Number		
Address				City		State		Zip	
2. Owner Name			% Owned	Date of Birth	Title		Social Security Number		
Address				City		State		Zip	
CREDIT REFERENCES									
Bank Name			Account Number			Contact		Phone	
Check all that apply: <input type="checkbox"/> Checking Acct. <input type="checkbox"/> Truck/Trailer Loans <input type="checkbox"/> Other Loans/ Lines of Credit									
Finance Reference		Collateral		Account Number		Contact		Phone	
Finance Reference		Collateral		Account Number		Contact		Phone	
WORK SOURCES									
1. Company Hauling For		Products Hauled		How Long? ___ yrs. ___ mos.		Contact		Phone	
2. Company Hauling For		Products Hauled		How Long? ___ yrs. ___ mos.		Contact		Phone	
<p>The undersigned certifies that the information contained in this financing application is true and correct and authorizes Tri-State Truck Center, Inc., its affiliates and subsidiaries or person to whom this application is made and credit bureau or investigative agency to investigate the information contained within this application and obtain information about the undersigned's accounts and credit experience. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation. Tri-State Truck Center, Inc., or person to whom this application is made, may also disclose information about the undersigned to other lenders and credit bureaus and other persons including entities affiliated and associated with Tri-State Truck Center, Inc., the undersigned certifies they are not subject to any prohibitions under any regulation or orders of the U.S. Dept. of Treasury's Office of Foreign Assets Control. The undersigned also certifies that they do not engage in any transactions prohibited by any U.S. Laws. This shall be continuing authorization for all present and future inquiries and disclosures of account information and credit experience on the undersigned made by Tri-State Truck Center, Inc., its affiliates and subsidiaries or person to whom this application is made or any person requested to release such information.</p>									
Signature				Title			Date		
Signature				Title			Date		