



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			
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	Title	Social Security Number	
Address		City	State	Zip	
2. Owner Name		% Owned	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 Mack Financial Services, A division of VFS US LLC, it's affiliates and subsidiaries or person to whom this application is made and ant 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. Mack Financial Services, 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 Mack Financial Services, the undersigned certifies they are not subject to ant 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 Mack Financial Services, 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		