



# APPLICATION

## 1. BUSINESS & CUSTOMER INFORMATION

BUSINESS NAME		BUSINESS PHONE #	TYPE (Corp, LLC, Sole Proprietor)	STATE	YRS IN BUSINESS
BUSINESS ADDRESS		CITY	STATE	ZIP	
PRINCIPAL'S NAME (AS IT APPEARS ON DRIVER'S LICENSE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
HOME ADDRESS		CITY	STATE	ZIP	
RENT OR OWN HOME	YEARS AT ADDRESS	HOME PHONE #	MOBILE#	% OWNERSHIP	
FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT)		CITY	STATE	ZIP	
YEARS AT ADDRESS	MARITAL STATUS (CIRCILE ONE) SINGLE MARRIED DIVORCED	SPOUSE'S NAME		SPOUSE'S MOBILE #	
ADD'L PRINCIPAL'S NAME (AS IT APPEARS ON DRIVER'S LICENSE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS (CIRCILE ONE) SINGLE MARRIED DIVORCED	
HOME ADDRESS		CITY	STATE	ZIP	
RENT OR OWN HOME	YEARS AT ADDRESS	HOME PHONE #	MOBILE#	% OWNERSHIP	
Has any applicant ever filed Bankruptcy? ___ NO ___ YES If YES, please explain below.		Is any applicant been a defendant in any legal action? ___ NO ___ YES If YES, please explain below.		Has any applicant ever had an item repossessed? ___ NO ___ YES If YES, please explain below.	

EXPLANATION:

THIS TRUCK IS A: (CHECK ONE) ___ FIRST TRUCK PURCHASE ___ REPLACEMENT or UPGRADE ___ ADDITIONAL TRUCK ___ OTHER	# TRUCKS & TRAILERS OWNED
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## 2. EXPERIENCE

# OF YEARS WITH CDL	# OF YRS AS O/O	TRUCK TO WORK FOR (LIST COMPANY)	CONTACT	PHONE#
COMPANY'S ADDRESS		CITY	STATE	ZIP

## 3. TRUCK USAGE (USE SEPARATE PAGE IF EQUIPMENT IS NOT A TRANSPORTATION RELATED)

ROUTE (CHECK ONE) ___ LOCAL ___ REGIONAL ___ LONG HAUL	HAULING (CHECK ALL THAT APPLY) ___ DRY GOODS ___ REEFER ___ FLAT BED ___ HAZARDOUS ___ OTHER		DO YOU HAVE YOUR OWN AUTHORITY?
EXPECTED WEEKLY GROSS REVENUE	EXPECTED MILES/WEEK	EXPECTED \$/MILE	CDL#
STATE	EXP. DATE		
WILL PURCHASER BE DRIVING THIS TRUCK? ___ NO ___ YES If NO, provide driver information→		DRIVER'S NAME (AS IT APPEARS ON DRIVER'S LICENSE)	
RELATIONSHIP			
DRIVER'S ADDRESS		CITY	STATE ZIP
DRIVER'S PHONE #	# OF YEARS WITH CDL	CDL#	STATE EXP. DATE

## 4. EMPLOYMENT HISTORY FOR PAST FIVE YEARS (PRESENT EMPLOYER FIRST)

NAME AND ADDRESS OF COMPANY	PHONE NUMBER	POSITION HELD	HOW LONG
NAME AND ADDRESS OF COMPANY	PHONE NUMBER	POSITION HELD	HOW LONG

The undersigned acknowledges the statements on this application are true, correct and accurate to the best of my knowledge, and the information contained herein may be used by Fleet Lending Solutions (FLS), to make credit decisions. The undersigned authorizes FLS and its affiliates to obtain any consumer and/or business information from banks, credit unions, as well as other credit reporting services, and authorizes them to furnish such information to FLS. The undersigned acknowledges that this signed application is an application for credit only, and the final terms of the financing agreement will be based on the documents themselves. No commitment exists until the Applicant/Joint Applicant(s) receives the same in writing from FLS.

APPLICANT (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CO-APPLICANT (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_