

Credit Application



Please provide the following information and complete this form in its entirety

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| <input type="checkbox"/> Last (3) fiscal yearend accountant prepared financial statement(s) | <input type="checkbox"/> A/R, A/P aging report |
| <input type="checkbox"/> Interim financial statement for current period/comparison | <input type="checkbox"/> Corporate guarantor or affiliate financial statement(s) |
| <input type="checkbox"/> Personal financial statements of owner(s) or major stockholders | <input type="checkbox"/> Equipment list |
| <input type="checkbox"/> Work on hand/WIP report/MSA's | <input type="checkbox"/> Borrower organizational chart |
| <input type="checkbox"/> Debt schedule | <input type="checkbox"/> Company organizational documents |

Customer Information

Company	Phone	Fax	
Physical Address	City	State	Zip
Billing Address	City	State	Zip
Person to Contact	Phone	Fax	
Website	Email		

Business Information & Experience

Entity Type (Please check one)	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Partnership
Federal Tax ID Number	Date Business Started				
State of Incorporation	Date Company Incorporated				
Customer, Ownership (Corporate/Individual) and/or Subsidiary/Affiliate Filed Bankruptcy In Last 10 Years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Who & When?		
Any open Liens or Judgements with Customer, Ownership (Corporate/Individual) and/or Subsidiary/Affiliate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Who & When?		
Any Repossession with Customer, Ownership (Corporate/Individual) and/or Subsidiary/Affiliate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Who & When?		
Describe Nature of Business/Present Operation					

Subsidiary or Affiliate Names

Name	State of Operation	Guaranty Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	State of Operation	Guaranty Available	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Management/Ownership

Name	Title	% of Ownership	Assets Pledged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Title	% of Ownership	Assets Pledged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Title	% of Ownership	Assets Pledged	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Title	% of Ownership	Assets Pledged	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fleet Profile

Power Units Owned	Trailers Owned	US DOT #	Types of Goods Hauled	# of Owner Operators Used
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Work Contracts/Haul References

Name	Contact	Phone	Revenues	% of Revenues	Years w/ Customer
Name	Contact	Phone	Revenues	% of Revenues	Years w/ Customer
Name	Contact	Phone	Revenues	% of Revenues	Years w/ Customer

Working Capital Line of Credit

Does the Company Have a Bank Line of Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Indicate Total Line Amt	Current Outstanding
Bank Line of Credit Established With	Contact	Phone	Email

Equipment Finance References

Bank/Finance Co. Name	Contact	Phone	Email	Account #	Balance
Bank/Finance Co. Name	Contact	Phone	Email	Account #	Balance
Bank/Finance Co. Name	Contact	Phone	Email	Account #	Balance

Insurance/Bonding Information

Insurance Agent Name	Insurance Company	Phone	Policy #	Expiration Date
Bonding Agent Name	Contact	Phone	Email	Years w/ Agent

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Equify, LLC, its subsidiaries, and their assigns or potential assigns or any other lender that this application is submitted to (collectively "EQUIFY"), to investigate the references, statement, or other data listed or accompanying this application about the undersigned's accounts and credit experience. EQUIFY may receive from and disclose to other persons, including any credit bureau or investigative agency, information about the undersigned's accounts and credit experience. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the undersigned by EQUIFY or any person requested to release such info to EQUIFY.

The Federal Equal Credit opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law or concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington D.C. 20580. If application for credit is denied, applicant may, within 60 days of being notified of the adverse action, submit a written request for the reasons for the denial and the reasons will be furnished in writing within 30 days of receipt of applicant's request. Submit request to: Credit Manager, Equify Financial, LLC, 777 Main Street, Suite 3900, Fort Worth, TX 76102.

Consent For Use Of A Consumer Credit Report

Recognizing that my personal credit history may be a factor in the evaluation of the credit history or credit worthiness of _____ (the "Credit Applicant") or in the evaluation of my personal guarantee of the obligations of the Credit Applicant (if applicable), I hereby authorize Equify, LLC, and its subsidiaries, and their assigns or potential assigns or any other lender thereof (collectively, "EQUIFY") to obtain and use consumer credit reports pertaining to my credit history and/or credit worthiness from any credit reporting agency for use in connection with the Credit Applicant's application for the extension of business credit by EQUIFY.

In connection with any such application for business credit, I further agree that the permission hereby granted to EQUIFY to obtain a consumer credit report shall be ongoing and shall relate not only to the evaluation and/or extension of any business credit now or hereafter requested by Credit Applicant but also for purposes of reviewing Credit Applicant's account, increasing the credit line on the account, taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. I further waive any right or claim which I might otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Signature	Printed Name
Social Security Number	Date
Home Address	

Signature	Printed Name
Social Security Number	Date
Home Address	

Signature	Printed Name
Social Security Number	Date
Home Address	

Signature	Printed Name
Social Security Number	Date
Home Address	