

The Smith Group

244 5th avenue suite Q247
New York N, Y 10001

Phone (929)263-1391

Fax (888) 505-0887

SOURCE: _____

PLEASE FILL OUT APPLICATION COMPLETELY AND SIGN FOR IMMEDIATE RESPONSE

DEALER/CONTACT	DEALER PHONE	DEALER FAX
EQUIP DESCRIPTION	EQUIP. COST	\$ TO PUT DOWN

BORROWER INFORMATION

BORROWER'S COMPANY NAME		
MAILING ADDRESS		
PHYSICAL ADDRESS		EQUIP. LOCATION
CITY	STATE	ZIP CODE
BUSINESS PHONE	HOME PHONE	EMAIL ADDRESS
PORTABLE/CONTACT PHONE/NEXTEL #		FAX NUMBER
YRS IN BUSINESS	TYPE OF BUSINESS	
YRS OF EXPERIENCE	<input type="checkbox"/> LIMITED/CORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP FEDERAL ID:	

BORROWER /CO-BORROWER INFORMATION

BORROWER			CO-BORROWER		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		
SOCIAL SECURITY #			SOCIAL SECURITY #		
DATE OF BIRTH			DATE OF BIRTH		
How long at present address? Years: Months: <input type="checkbox"/> Rent <input type="checkbox"/> Own			Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mortgage Payable to OR Landlord:			Name:		Phone:
Value of Home: \$	Mortgage Balance:	Monthly Payment:			

BANKS (For faster processing, please fax 3 months bank statements)

BANK	PHONE NO	ACCOUNT NO	MONTHLY PAYMENT
			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
			<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

CURRENT EMPLOYMENT INFORMATION

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

FUTURE EMPLOYMENT INFORMATION

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

PREVIOUS EMPLOYERS

COMPANY NAME	CITY AND STATE	PHONE NO.	CONTACT	HOW LONG?	INCOME

GENERAL BUSINESS QUESTIONS

Will This unit be your First, Additional or Replacement Unit?	
How will you benefit from this truck or equipment?	
How many employees do you employ presently?	
What products do you haul?	Within what mile radius do you haul in?

part 2 of application

GENERAL BUSINESS QUESTIONS

If required, could any of your trucks be pledged for additional collateral? YES NO

If YES: YEAR: MAKE: MODEL: TYPE:

Suppose 2 months from now your engine blew, how would you come up with the necessary funds to pay for repairs?

Truck repair shop name, location, phone number, contact information?

Is there any warranty remaining on this truck?

Have any of the above individuals been involved in any bankruptcy proceedings either business or personal? If yes, explain:

Rate your mechanical ability from 1 (being the least) – 5 (most experienced) and explain? 1 2 3 4 5

PRESENT NUMBER OF TRUCKS

YEAR	MAKE	MODEL	FINANCED BY	ACCOUNT NO	PHONE NO
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SUPPLIER REFERENCES (Places where you purchase supplies, tools, fuel, etc. for business)

COMPANY	PHONE NO	ACCOUNT NO	CONTACT
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RELATIVES (Please List "2" Not Living With the Applicant)

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
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COMMENTS

At T.S.G we Listen To The Customer's Story. Please tell us your credit story and please be specific:

Customer's Authorization For Release:

The undersigned certifies that the above information given for credit purposes is true and correct. The undersigned also authorizes The smith group and/or its associates any access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application as is necessary. The undersigned authorizes all parties contacted to release credit and financial information as part of said investigation.

Applicant's Signature: _____ DATE: _____

Co-Applicant's Signature: _____ DATE: _____