

Legal Name:			
Address:		Billing Address: (if different)	
Contact:		ICC #:	
Phone #:		Fed. Tax I.D. #:	
Fax #:		DUNS #:	
Email Address:		SIC #:	

ORGANIZATION TYPE: Corporation Partnership Proprietorship

MANAGEMENT PROFILE:

Owner's Name	Social Security #	% Ownership	Employed Since

RELATED COMPANIES:

Company Name	Affiliation (e.g. Subsidiary, Common Ownership, % Stockholder)

CREDIT REFERENCES:

Bank Name:		Customer Since:	
Contact:		Credit Line:	
Phone #:		Current Balance:	
Fax #:		Account #:	

Finance Company (Trucks or Trailers)		Finance Company (Trucks or Trailers)	
Name:		Name:	
Phone #:		Phone #:	
Fax #:		Fax #:	
Account #:		Account #:	

EQUIPMENT & FINANCE STRUCTURE REQUESTED

Year:		Selling Price/Trailer:		Structure:	
Make:		# Trailers:		Term/Months:	
Model:		Total Credit Requested:		Residual:	
New or Used:		Est. Delivery Date		Adv. Payment:	
				Down Payment:	

FINANCIAL DATA: (Required if credit amount requested is greater than \$300,000)

***** Please include copies of your fiscal year-end financial statements for the last two years, as well as interim statements to date. Include all footnotes and exhibits. *****

FLEET STATISTICS:

	Owned	Leased	Rented	Owner/Operator s	Total	Average Age
Number of Trucks:						
Number of Trailers:						

What is the intended use of the equipment? Growth Replacements Both _____ % Replacements
 _____ % Growth

Location of Terminal(s):	Owned:	Leased:
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

OPERATING PRACTICES:

Geographic markets served:	
Types of products hauled, or industries served:	

List top five accounts, and the percentage of overall revenue they provide:

Company Name:	Contact:	Phone:	% of Total Revenue

To: Whom it may concern:

I certify that the information stated in this profile is true and correct to the best of my knowledge and is provided for the purpose of obtaining credit. I understand that you will retain this information whether or not I am approved for credit. You are hereby authorized to check my credit and employment history, obtain insurance information and answer questions about your credit experience with me. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Authorized Signature: _____ Date: _____