



TRUCK FINANCE APPLICATION

1. BUSINESS & CUSTOMER INFORMATION

BUSINESS NAME	BUSINESS PHONE #	EMAIL ADDRESS
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BUSINESS ADDRESS	CITY	STATE	ZIP
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APPLICANT'S NAME (AS ON DRIVER'S LICENSE)	SOCIAL SECURITY #	DATE OF BIRTH	EIN#
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HOME ADDRESS	CITY	STATE	ZIP
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RENT OR OWN	YEARS AT ADDRESS	HOME PHONE #	MOBILE#	% OWNERSHIP
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FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT ADDRESS)	CITY	STATE	ZIP
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YEARS AT ADDRESS	MARITAL STATUS (CIRCLE 1) SINGLE MARRIED DIVORCED	SPOUSE'S NAME	SPOUSE'S MOBILE #
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CO- APPLICANT'S NAME (AS ON DRIVER'S LICENSE)	SOCIAL SECURITY #	DATE OF BIRTH	MARITAL STATUS (CIRCLE ONE) SINGLE MARRIED DIVORCED
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HOME ADDRESS	CITY	STATE	ZIP
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RENT OR OWN	YEARS AT ADDRESS	HOME PHONE #	MOBILE#	% OWNERSHIP
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Has any applicant ever filed Bankruptcy? NO YES If YES, please explain below.

Is any applicant 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.

THIS TRUCK IS A: (CHECK ONE) <input type="checkbox"/> 1 st TRUCK PURCHASE <input type="checkbox"/> REPLACEMENT or UPGRADE <input type="checkbox"/> ADDITIONAL TRUCK <input type="checkbox"/> OTHER	TOTAL # OF TRUCKS OWNED
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2. EXPERIENCE

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

HAUL ROUTE (CHECK ONE) ___ LOCAL ___ REGIONAL ___ LONG		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	
WILL TRUCK BE OPERATED IN CALIFORNIA AT LEAST 51% OF THE TIME? ___ NO ___ YES			CDL#		STATE
WILL PURCHASER BE DRIVING THIS TRUCK? ___ NO ___ YES If NO, provide driver info→			DRIVER'S NAME (AS ON COMMERCIAL DRIVER'S LICENSE)		RELATIONSHIP
DRIVER'S ADDRESS			CITY		STATE
DRIVER'S PHONE #			# OF YEARS WITH CDL	CDL#	STATE
					EXP. DATE

4. EMPLOYMENT HISTORY FOR PAST FIVE YEARS (MOST RECENT FIRST)

NAME AND ADDRESS OF COMPANY	PHONE NUMBER	POSITION HELD	HOW LONG

ECOA DISCLOSURE

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 concerning this creditor is FTC Regional Office for region in which the creditor operates or Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action you have a right to a statement of specific reasons for the adverse action if you request such statement within 60 days from Premier Business Lending at the address and telephone number given on this application. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit in substantially the amount or terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available.

APPLICANT VERIFICATION

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 Premier Business Lending (PBL) to make credit decisions. The undersigned authorizes PBL 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 PBL. 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 PBL.

APPLICANT (PRINT) _____ SIGNATURE _____ DATE ____ / ____ / ____

CO-APPLICANT (PRINT) _____ SIGNATURE _____ DATE ____ / ____ / ____