

Date \_\_\_\_\_

<b>PLEASE COMPLETE &amp; INCLUDE:</b> <ul style="list-style-type: none"> <li>♦ Three years' financial statements, current interim statement</li> <li>♦ Personal financial statements of guarantors</li> <li>♦ Authorization for Release of Credit Information</li> </ul>	CUSTOMER NAME	TAX ID#
	ADDRESS	CSM CUSTOMER SINCE
	CITY, STATE, ZIP	TELEPHONE NUMBER

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTERS	<input type="checkbox"/> SOLE PROP.
DATE FOUNDED/PURCHASED BY PRESENT OWNERSHIP:		LOCATION: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	
LIST OTHER TERMINAL LOCATIONS:			

CUSTOMER PRINCIPALS				
NAME	% OWNERSHIP	TITLE	# YEARS	ACTIVELY INVOLVED IN MANAGEMENT?
	%			<input type="checkbox"/> YES <input type="checkbox"/> NO
	%			<input type="checkbox"/> YES <input type="checkbox"/> NO
	%			<input type="checkbox"/> YES <input type="checkbox"/> NO
PRIMARY CONTACT FOR QUESTIONS	%			<input type="checkbox"/> YES <input type="checkbox"/> NO

GUARANTORS	
NAME / ADDRESS	SOCIAL SECURITY NO. OR TAX ID NO.

Please submit guarantor financial statements.

AFFILIATED COMPANIES		
AFFILIATE NAME	TAX ID NO.	TYPE OF RELATIONSHIP

### FLEET DATA

PRODUCTS HAULED:			
HOW MANY TRUCKS AND TRAILERS DO YOU PLAN TO ADD THIS YEAR?		HOW MANY DO YOU PLAN TO REPLACE?	
TOTAL # TRACTORS OPERATED:	= # OWNED:	+ # LEASED:	+ # O/O:
TOTAL # TRAILERS:	= # OWNED:	+ # LEASED:	+ # O/O:
% PACCAR PRODUCT: %	AVG. FLEET AGE:	PRIMARY OTHER MAKE:	AVG. MILEAGE PER TRACTOR/YEAR:
DRIVER TURNOVER RATIO:	TYPE HAULING? <input type="checkbox"/> LTL <input type="checkbox"/> TL	AVERAGE HAUL LENGTH:	SEASONAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
TERRITORY COVERED			% OF HAULS THROUGH BROKERS %

### TOP FIVE REVENUE SOURCES

NAME	CONTACT TELEPHONE(S)	% OF REVENUE	# YEARS
		%	
		%	
		%	
		%	
		%	

### CREDITORS

EQUIPMENT CREDITOR NAME (INCLUDE LEASES)	ESTIMATED BALANCE	WHAT IS FINANCED?	TELEPHONE NUMBER
	\$		
	\$		
	\$		
BANK REFERENCE NAME (INCLUDE LEASES)	ESTIMATED BALANCE	CONTACT NAME	TELEPHONE NUMBER
	\$		
	\$		

LINE OF CREDIT LENDER NAME:	LIMIT: \$	BALANCE: \$	SECURITY:	EXPIRATION DATE:
LINE OF CREDIT LENDER NAME:	LIMIT: \$	BALANCE: \$	SECURITY:	EXPIRATION DATE:
ANY SIGNIFICANT RESIDUALS OR BALLOON PAYMENT REQUIREMENTS IN THE NEAR FUTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT: \$	HOW WILL THEY BE HANDLED?		
HAVE ALL PAYMENTS TO CREDITORS BEEN MADE AS AGREED?				
ANY EXTENSIONS OR REWRITES?				
HAS THIS OR ANY RELATED COMPANY EVER TAKEN BANKRUPTCY?				

INSURANCE CO.	TELEPHONE NO.	EXP. DATE	PHYS. DAMAGE DEDUCT. \$	LIABILITY LIMIT \$
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**NOTE: Please assure that the customer signs the "Authorization for Release of Credit Information".**

## **Authorization for Release of Credit Information**

I (we) am (are) requesting financing from CSM Financial, LLC (CSMF). I (we) recognize that knowledge of my (our) credit history is essential to CSMF's evaluation process. Consequently, I (we) authorize and request the release to CSMF of any and all information regarding my (our) credit history with other lenders, financiers, lessors, and trade creditors, including (but not limited to) origination date, original balances, nature of financing, collateral, guarantees, balances owing, term, rate, payment histories, performance rating, and length of relationship. Your prompt response is appreciated, since CSMF cannot proceed until the information requested is provided.

Thank you for your assistance.

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Print Name

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Signature

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Title (if Company)

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Company Name

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Date

(CONTINUED FROM PREVIOUS PAGE(S): PLEASE SPECIFY PAGE & SECTION)