

Credit Application – Fleet

Transaction Information	
Required - VIN(s) of Unit(s) to be considered:	
TOTAL SALES PRICE	
\$	
CASH DOWN PAYMENT	
\$	
AMOUNT TO BE FINANCED	
\$	
LOAN TERM	
FULLY DESCRIBE ANY ADDITIONAL COLLATERAL/RELATED EQUIPMENT TO BE CONSIDERED	
INDICATE ANY ADDITIONAL INFORMATION RELEVANT TO THE EQUIPMENT, COST AND/OR SALES PRICE	

CUSTOMER INFORMATION (Complete and include two years' financial statements)

CUSTOMER NAME	TAX ID#	TELEPHONE NUMBER
ADDRESS	CITY	STATE, ZIP

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER S	<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

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:			
TOTAL # TRACTORS OPERATED:	= # OWNED:	+ # LEASED:	+ # O/O:
TOTAL # TRAILERS:	= # OWNED:	+ # LEASED:	+ # O/O:
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

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

INSURANCE CO.	TELEPHONE NO.	EXP. DATE	PHYS. DAMAGE DEDUCT.	LIABILITY LIMIT
			\$	\$

Authorization for Release of Credit Information

I (we) am (are) requesting financing from CSM Financial, LLC. I (we) recognize that knowledge of my (our) credit history is essential to PFC's evaluation process. Consequently, I (we) authorize and request the release to CSM and its assigns or nominees 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 CSM cannot proceed until the information requested is provided.

Thank you for your assistance.

Print Name

Title (if Company)

Signature

Company Name

Date