



# FINANCING APPLICATION

Name of Borrower (Business name / Personal)		Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni			
Physical Address		City	State	Zip	
Mailing Address ( <input type="checkbox"/> Check if same as physical address)		City	State	Zip	
Phone ( )	Cell Phone ( )	Fax ( )			
Federal I.D.# or Social Security Number	Year Started	Year Incorp: State Incorp:	Self-Insured? <input type="checkbox"/> YES <input type="checkbox"/> NO	Physical Damage Deduct. Amt:	
CDL#	Driver's Date of Birth	Radius of Operations	State Garaged	MC Authority?	
Annual Sales: <input type="checkbox"/> <\$10MM <input type="checkbox"/> \$10-\$50MM <input type="checkbox"/> >\$50MM		Nature of Business/Haul Description			
First Time Buyer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of years driving experience (please complete "Company Hauling For" below)				
# of power units owned:	# of trailers owned:	Haul Haz Mat?	If Haze Mat, hauled list type:		
Expansion? <input type="checkbox"/> YES <input type="checkbox"/> NO	Replacement? <input type="checkbox"/> YES <input type="checkbox"/> NO	Prior Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Outstanding Judgments? <input type="checkbox"/> YES <input type="checkbox"/> NO	Tax Liens? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1. Owner Name (May be same as Borrower if Individual)		% Owned	Date of Birth	Title	Social Security Number
Address		City	State	Zip	Phone ( )
2. Owner Name/Co-Borrower/Guarantor		% Owned	Date of Birth	Title	Social Security Number
Address		City	State	Zip	Phone ( )

## CREDIT REFERENCES

Bank Name	Account Number	Contact	Phone ( )	
Check all that apply: <input type="checkbox"/> Checking Account <input type="checkbox"/> Truck/Trailer Loans <input type="checkbox"/> Other Loans/Lines of Credit				
Finance Reference	Collateral	Account Number	Contact	Phone ( )
Finance Reference	Collateral	Account Number	Contact	Phone ( )

## WORK SOURCES

1. Company Hauling For	Products Hauled	How Long? ____ Yrs. ____ Mos.	Contact	Phone ( )
2. Company Hauling For	Products Hauled	How Long? ____ Yrs. ____ Mos.	Contact	Phone ( )

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES GATR TRUCK CENTER, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. GATR TRUCK CENTER, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH GATR TRUCK CENTER. THE UNDERSIGNED CERTIFIES THEY ARE NOT SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY GATR TRUCK CENTER, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
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