Truck / Trailer Lease Application

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| --- | --- | --- | --- | --- |
| **Legal Name of Business:** | | | | |
| **Contact Name and Title:** | | | | |
| **Tax ID:** | | | | |
| Company Address: | | | City, State, Zip: | |
| Phone Number: | | | Contact Cell Phone: | |
| Fax Number: | | | Email: | |
| **Home Address:** | | | City, State, Zip: | |
| Home Owner: ☐yes ☐no | | | | |
| **Social Security #** | | | **Birthdate:** | |
|  | | |  | |
| **USDOT#/ MC #** | | |  | |
|  | | | # of power units currently owned: | |
| **Annual Revenues:** | | | # of years in business: | |
| 2016 YTD | | | # of employees: | |
| 2015 | | |  | |
| 2014 | | |  | |
|  | | |  | |
|  | | |  | |
| Minimum monthly bank balance in the last 3 months:  ☐over $20k ☐over $10k ☐Less than $10k | | | | |
|  | | |  | |
| **Work References** | | |  | |
| Two largest customers or hauling brokers: | | |  | |
| Company Name: | | Contact Name: | | Phone: |
| Company Name: | | Contact Name: | | Phone: |
|  | |  |  | |
| **Equipment for purchase/lease:** | | |  | |
| Equipment Type: | Price: | | Dealer Name: | |
| Price: | |
| Price: | | Phone | |
| Email: | |
|  | | Fax: | |

Applicant certifies that the above information is true and complete and authorizes Source Capital & Consulting, LLC, its potential assigns or any other lender that this application is submitted to carry a complete credit investigation necessary to obtain information about the undersigned accounts and credit experience. Including, but not limited to obtaining credit and employment information on all signers of the application.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_