



FAX NUMBER: 417-865-9898

www.caplendgroup.com

FLEET COMMERCIAL CREDIT APPLICATION

Business Legal Name: _____ Federal Tax ID# _____
D/B/A: _____ ICC# _____ State of Inc _____ Date of Inc _____

Entity Type: C-Corp S-Corp L.L.C. Sole Proprietor Partnership Yrs In Business _____

Physical Address: _____ Suite/Apt# _____
City _____ State _____ Zip Code _____

Mailing Address: _____
City _____ State _____ Zip Code _____

Business Ph# _____ Bus Fax _____ Email _____

Is Main Terminal owned _____ rented _____ Mortgage holder or Landlord _____

Type of Carrier: Tank _____ Food/Reefer _____ Drygoods _____ Hazardous Cargo _____ Waste _____ Construction _____ Other _____
Area of Operation: Regional _____ National _____ Local _____ States _____ Outside US _____ # of employees _____

| Fleet | # Financed | # Not Financed | Total Fleet | # Owner Operators |
|----------|------------|----------------|-------------|-------------------|
| Tractors | _____ | _____ | _____ | _____ |
| Trucks | _____ | _____ | _____ | _____ |
| Trailers | _____ | _____ | _____ | _____ |

OWNERSHIP STRUCTURE:

Name: _____ Yrs/Co: _____ Name: _____ Yrs/Co: _____
 Title: _____ % of Ownership _____ Title: _____ % of Ownership _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 SS# _____ Birth Date: _____ SS # _____ Birth Date _____
 Cell# _____ Email: _____ Cell# _____ Email: _____
 US Citizen Yes / No If no attach work visa or green card US Citizen Yes / No If no attach work visa or green card

Name: _____ Yrs/Co: _____ Name: _____ Yrs/Co: _____
 Title: _____ % of Ownership _____ Title: _____ % of Ownership _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 SS# _____ Birth Date: _____ SS # _____ Birth Date _____
 Cell# _____ Email: _____ Cell# _____ Email: _____
 US Citizen Yes / No If no attach work visa or green card US Citizen Yes / No If no attach work visa or green card

LIST TOP 5 CUSTOMERS:

| Name: | Phone: | Contact | Customer Since: | % of Revenue |
|-------|--------|---------|-----------------|--------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

RELATED COMPANIES:

| Company Name | Business Type | Tax ID |
|--------------|---------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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Page 2 Continued: APPLICANT NAME _____

BANK REFERENCES:

Bank Name: _____ Personal Contact _____

Address: _____ City: _____ State _____ Zip _____

Phone# _____ Fax# _____

Bank Name: _____ Personal Contact _____

Address: _____ City: _____ State _____ Zip _____

Phone# _____ Fax# _____

EQUIPMENT CREDITOR REFERENCES: (TRUCK, TRACTOR, TRAILERS & SERVICE)

| Lender Name | Phone/Contact | Acct# | Equip Financed |
|-------------|---------------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- Credit Requests Over \$300,000 will require the following information with your credit submittal:
- ** Two (2) Years of Fiscal Year End Financial Statements- may substitute Corporate Federal Tax Returns
 - ** Current Year Interim Financial Statement
 - ** Personal Financial Statements on all owners
 - ** Equipment List

Each of the undersigned certifies that the information requested above and provided in conjunction with this application is accurate. The applicant guarantor ("Customer") named above, its owners and/or principals and all the individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Dealer and Capital Lending, separately or jointly with other creditors or lessor, for use in connection with the transaction. Dealer and Capital Lending and joint users of such information are authorized to receive and exchange credit information and to update such information as appropriate during the term of the transaction. Customer also authorizes Capital Lending to contact Customer via their cell phone number. Information about you may be used for marketing and administrative purposes and shared with our affiliates. However, you may direct us not to share with our affiliates certain information (other than transaction or experience information) about you by writing to us at Capital Lending 3026 N. Mulroy Rd. - Strafford, MO 65757 (Please include your social security number).

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Capital Lending at, 1650 S Enterprise - Springfield, MO 65804 or call 417-414-6500 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion or 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 the creditor is the Federal Trade Commission, Equal Opportunity, Washington D.C. 20580

The applicant and/or guarantors have read and agree to the above ECOA consent and notice. The applicant also agrees to pay a documentation fee should he/she decide to engage the transaction.

Signature of majority owners required:

Date: _____ Date: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Title: _____ Title: _____