INDIVIDUAL CREDIT APPLICATION

Trans Advantage, Inc. - One Premier Drive - St. Louis, MO 63026
800-325-3863 - FAX 636-349-2728 - www.transadvantage.com

APPLICANT

Equipment Price	Down Payment Amount	Type of Contract	TAI Inventory?	Salesperson	
Applicant's Legal Name	Birth Date	Social Security Number	Country of Citizenship	Marital Status	
Current Address	City	State	Zip	County	Years
Primary Phone / Secondary Phone	E-Mail address	Driver's License	State issued		
Previous Address if less than 3 years	City	State	Zip	Years	
Present Employer	City	State	Phone		
Hire Date / Last Monthly Gross Income	Position(s) Held at Present Employer – Number of Years				
Changing Employers?	Prospective Company	Contact Person	Phone		
Previous Employer if less than 5 years	City	State	Phone		
Hire Date / Last Monthly Gross Income	Positions Held – Number of Years				
Previous Employer	City	State	Phone		
Hire Date / Last Monthly Gross Income	Positions Held – Number of Years				
Truck Driving Experience Yrs Mo	Time as a Co. Driver Yrs Mo	Time as Independent Contractor Yrs Mo			
Number of Trucks you own & operate today?	Does the proposed unit replace a truck you own?				
Number of Trucks currently financed	Lender/Account/Payoff				
Will the Equipment be used outside of United States? □ Yes □ No	If yes, which Country?				

REFERENCES

Nearest Relative	Relationship	Address, City, State	Primary Phone	Secondary Phone
Additional Reference	Relationship	Address, City, State	Primary Phone	Secondary Phone

Rent or Own a home	Monthly Payment	Mortgage Lienholder	
Name on Mortgage Contract	Original Debt	Present Balance	Market Value

I am willing to allow Trans Advantage, Inc. to charge my driver's statement through my agent for payment. _____ Yes _____ No

JOINT APPLICANT

Joint Applicant's Legal Name	Birth Date	Social Security #	Country of Citizenship	Marital Status	Relationship
Current Address	City	State	Zip	County	Years
Primary Phone / Secondary Phone	Email Address	Driver's License	State Issued		
Present Employer	City	State	Phone		
Hire Date / Last Monthly Gross Income	Positions Held – Number of Years				

If your application is denied, whether pursuant to this application or any other application for credit, you have the right to a written statement of the specific reason for denial. To obtain the statement, please submit request in writing within 60 days from the date you are notified of our decision to: Trans Advantage, Inc., Attention: Credit Department, One Premier Drive, Fenton, MO 63026. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income is derived 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 this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC, 20580. Please retain a copy of the completed application for your records.

If the undersigned is an individual or sole proprietor, the undersigned further agrees as follows: I authorize Trans Advantage, Inc. to investigate my credit and employment history and to obtain a consumer credit report on me from one or more credit reporting agencies. If credit is granted, I authorize Trans Advantage, Inc. to obtain subsequent consumer credit reports on me in connection with any update, renewal or extension of credit, collection of the account, or other legitimate business purposes associated with the account, and to release information about its credit experience with me to others, including credit bureaus, as permitted by law.

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.

Applicant's Signature _____ Date _____ Joint Applicant's or Other's Signature (if applicable) _____ Date _____