



**Trans Advantage, Inc.**  
 One Premier Drive, Fenton MO 63026  
 800-325-3863 / Fax 636-349-2728

**Owner / Operator Credit Application**

**Sales Rep Name:** \_\_\_\_\_

Applicant's First and Last Name		Social Security #	Birth Date	Country of Citizenship
Complete Address - Street Address, City, State, Zip		Email Address		
Applicant's Legal Business Name, if applicable		Cell Phone #	Tax ID #	State of Organization

Joint Applicant's First and Last Name	Complete Address	Social Security #	Birth Date	Relationship
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Year / Make / Model of Equipment to Purchase or Lease	Purchase Price	Down Payment or Trade-In Value	Seller's Business or Personal Name
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Changing Employer or Hauler? Yes ___ No ___	Prospective Company Name	Contact Person's Name and Phone #
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<b>Current</b> Employer or Hauler Company Name	Date You Started	# of Years There	Monthly Gross Income	Check One: ___ Contractor-1099 ___ Employee W-2
<b>Previous</b> Employer or Hauler Company Name	Date You Started	# of Years There	Monthly Gross Income	Check One: ___ Contractor-1099 ___ Employee W-2
<b>Next Previous</b> Employer or Hauler Company Name	Date You Started	# of Years There	Monthly Gross Income	Check One: ___ Contractor-1099 ___ Employee W-2

Total Experience as Independent Owner/Operator (1099) # Years:            # Months:		Total Experience as Company Driver (W-2) # Years:            # Months:	
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# of Tractors/Trucks You Own & Operate Today	Amount Owed on Current Tractor / Truck	Does the Proposed Tractor/Truck Replace one that you own? Yes ___ No ___	Will the Proposed Tractor/Truck be Used outside the U.S.? Yes ___ No ___ If Yes, Which Country?
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I authorize Trans Advantage to charge my driver's statement through my Agent's statement. **Yes \_\_\_ No \_\_\_**

I authorize Trans Advantage to disclose to other lenders my credit application and experience including personal credit bureau reports for purposes of qualifying under such third parties' lending/leasing programs. **Yes \_\_\_ No \_\_\_ Your Initials \_\_\_\_\_**

I authorize Trans Advantage to contact me via text messages (e.g. SMS/MMS) at the cell number provided above. Messages may be for surveys to improve our customer service, to provide information concerning your contract, purchase or other transactions with us, or for other general business purposes. You agree to notify us if you stop using this number or if you are no longer authorized to receive text messages at this number. To opt-out of receiving text messages at this cellular number please respond with "STOP" to any text message you receive from us, call us at the number above, or email us at: [Credit@transadvantage.com](mailto:Credit@transadvantage.com) **Yes \_\_\_ No \_\_\_ Your Initials \_\_\_\_\_**

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., Attn: 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 Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_