



Request for Customer Information

In order to comply with the Bank Secrecy Act our company must obtain and record certain information about its customers. To ensure timely service, please complete the following information.

| | | |
|-----------------------|--------------------------------------|--|
| Customer Legal Name: | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| Tax ID# or SSN: | <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietorship |
| US DOT#: | | |
| Street Address: | City: | State: Zip Code: |
| Contact Name & Title: | Phone: | Email: |

1. The customer is organized and existing under the laws of the state of _____ Year Organized _____
 - a) Is the customer a publicly traded entity? _____
 - b) Is the customer a subsidiary of a publicly traded entity? _____
 - c) If the customer or its parent are publicly traded, on what exchange? _____
2. Is the company listed above a For Hire Transportation Company: Yes _____ No _____ If yes, how many trucks does it operate? _____
3. What is the business purpose for the equipment leased or financed? _____
4. Does your company have any equipment that will be located or will travel within 100 miles of Mexico for more than 25% of its annual miles? Yes _____ No _____
5. Does your company have any equipment that will be located or operated outside the U.S.? Yes _____ No _____
If yes, list which countries: _____
6. Please list who will be in control of the equipment: _____
7. Will any payments be sent from a non-domestic location? Yes _____ No _____
8. Please list any sanctioned countries in which the customer, its affiliates or subsidiaries conducts activities or has assets located in. _____

9. Owners: Complete this section for all beneficial owners (individuals) with 10% or more in company ownership.

| Name | Ownership % | Date of Birth | TIN/SSN | US Citizen/Entity (Y/N) |
|------|-------------|---------------|---------|-------------------------|
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10. Guarantors: Please list all such persons or entities that are guarantors. Please provide the name, ownership %, date of birth (if a person), and indicate if the guarantor is a U.S. citizen or a U.S. entity/subsidiary to an entity based in the U.S. (Attach a list if necessary.)

| Name | Ownership % | Date of Birth | TIN/SSN | US Citizen/Entity (Y/N) |
|------|-------------|---------------|---------|-------------------------|
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11. Complete this section for at least one person with significant responsibility for managing the Customer such as:

- (a) An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- (b) Any other individual who regularly performs similar functions. (Attach a list if necessary)
- (c) Note: If appropriate, an individual listed above may also be listed below

| Name | Ownership % | Date of Birth | TIN/SSN | US Citizen/Entity (Y/N) |
|------|-------------|---------------|---------|-------------------------|
| | | | | |
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Has the Applicant/Customer, Individuals Beneficial Owners, or Individual Guarantors ever been convicted of a Felony? No / Yes If yes, please explain: _____

Has the Applicant/Customer, Individuals Beneficial Owners, or Individual Guarantors ever filed for bankruptcy? No / Yes If yes, please explain: _____

Verified this: ____ day of _____, 20__

By (Print Name and Title): _____

Applicant/Customer Signature: _____

I certify that the information stated in this profile is true and correct to the best of my knowledge and is provided for the purpose of obtaining credit. I understand that you will retain this information whether or not I am approved for credit. I authorize you to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Submission of this form acknowledges agreement with the terms for participation in any and all programs; payment for purchases and all related charges, including, but not limited to attorney fees and collection costs under the programs (via statement deduct for UniGroup Agents unless disallowed by the van line).

If your application is denied, whether pursuant to this Customer Information Sheet or any other application for credit, you have the right to a written statement of the specific reason for the 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., One Premier Drive, Fenton, Missouri, 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 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.

Return your completed Customer Profile to your Sales Representative at:

| | | | |
|--|------------------------------------|------------------|-------------------------------------|
| Trans Advantage, Inc. One Premier Drive Fenton, MO 63026 | <u>Sales Dept contacts:</u> | | |
| | Beth Gockel | Fax 636-305-4522 | Beth_Gockel@transadvantage.com |
| | Tim Siner | Fax 636-305-4494 | Tim_Siner@transadvantage.com |
| | Brian Theobald | Fax 636-305-4498 | Brian_Theobald@transadvantage.com |
| | Phil Westermeyer | Fax 636-305-4769 | Phil_Westermeyer@transadvantage.com |