

Sales Rep Name:

Applicant's First and Last Name					Social Security #		'# E	Birth Date	Country of Citizenship	
Complete Address - Street Address, City, State, Zip					Email Address					
Applicant's Legal Business Name, if applicable					Cell Phone #		1	Γax ID #	State of Organization	
Joint Applicant's First and Last Name		Complete Addres		Sc	Social Security #		Birth Date	Relationship		
Year / Make / Model of Equipment to Purchase or Lease		Purchase Price			Down Payment or Trade-In Value		Seller's Business or Personal Name			
Changing Employer or Hauler? Yes No		Prospective Company Name		Contact Person's Name and Phone #						
Current Employer or Hauler Company Name		Date You Started	Pate You Started # of Yea		re Monthly Gross Incor		oss Income	Check One: Contractor-1099 Employee W-2		
Previous Employer or Hauler Company Name		Date You Started	I # of Years The		ere	Monthly Gross Incom		Check One: Contractor-1099 Employee W-2		
Next Previous Employer or Hauler Company Name		Date You Started	l # of	# of Years There		Monthly Gross Income		Check One: <u>Contractor-1099</u> <u>Employee W-2</u>		
Total Experience as Independent Owner/Operator (1099) Total Experience as Company Driver (W-2) # Years: # Months: # Years: # Months:										
# of Tractors/Trucks Amount Owed o You Own & Operate Tractor / Truck Today				one that y	at you own? the l			the Proposed Tractor/Truck be Used outside J.S.? Yes No		
					If Yes			, Which Country?		
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: <u>Credit@transadvantage.com</u> 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 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,										

_____ Date_____

Applicant's Signature_____ Date____ Date____

Joint Applicant's Signature (if applicable)