



**1-800-932-2274**  
 TEL: 610-558-3800 FAX: 610-558-1949  
 4 Hillman Dr., Suite 102-104  
 Chadds Ford, PA 19317  
 www.cagcorp.com

Brian Poole, ext. 115  
 bpoole@cagcorp.com

SOURCE: \_\_\_\_\_

**PLEASE FILL OUT APPLICATION COMPLETELY AND SIGN FOR IMMEDIATE RESPONSE**

|                   |              |                |
|-------------------|--------------|----------------|
| DEALER/CONTACT    | DEALER PHONE | DEALER FAX     |
| EQUIP DESCRIPTION | EQUIP. COST  | \$ TO PUT DOWN |

**BORROWER INFORMATION**

|                                 |  |                 |
|---------------------------------|--|-----------------|
| BORROWER'S COMPANY NAME         |  |                 |
| MAILING ADDRESS                 |  |                 |
| PHYSICAL ADDRESS                |  | EQUIP. LOCATION |
| CITY                            | STATE  | ZIP CODE        |
| BUSINESS PHONE                  | HOME PHONE   | EMAIL ADDRESS   |
| PORTABLE/CONTACT PHONE/NEXTEL # |  | FAX NUMBER      |
| YRS IN BUSINESS                 | TYPE OF BUSINESS   |                 |
| YRS OF EXPERIENCE               | <input type="checkbox"/> LIMITED/CORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP           FEDERAL ID: |                 |

**BORROWER /CO-BORROWER INFORMATION**

|  |                   |                  |   |       |        |
|--|-------------------|------------------|---|-------|--------|
| BORROWER   |                   |                  | CO-BORROWER   |       |        |
| ADDRESS  |                   |                  | ADDRESS   |       |        |
| CITY   | STATE             | ZIP              | CITY  | STATE | ZIP    |
| PHONE  |                   |                  | PHONE   |       |        |
| SOCIAL SECURITY #  |                   |                  | SOCIAL SECURITY #   |       |        |
| DATE OF BIRTH  |                   |                  | DATE OF BIRTH   |       |        |
| How long at present address? Years:   Months: <input type="checkbox"/> Rent <input type="checkbox"/> Own |                   |                  | Married? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |        |
| Mortgage Payable to OR Landlord:   |                   |                  | Name:   |       | Phone: |
| Value of Home: \$  | Mortgage Balance: | Monthly Payment: |   |       |        |

**BANKS (For faster processing, please fax 3 months bank statements)**

| BANK | PHONE NO | ACCOUNT NO | MONTHLY PAYMENT   |
|------|----------|------------|---|
|      |          |            | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS |
|      |          |            | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS |

**CURRENT EMPLOYMENT INFORMATION**

| COMPANY NAME | CITY AND STATE | PHONE NO. | CONTACT | HOW LONG? | INCOME |
|--------------|----------------|-----------|---------|-----------|--------|
|              |                |           |         |           |        |

**FUTURE EMPLOYMENT INFORMATION**

| COMPANY NAME | CITY AND STATE | PHONE NO. | CONTACT | HOW LONG? | INCOME |
|--------------|----------------|-----------|---------|-----------|--------|
|              |                |           |         |           |        |

**PREVIOUS EMPLOYERS**

| COMPANY NAME | CITY AND STATE | PHONE NO. | CONTACT | HOW LONG? | INCOME |
|--------------|----------------|-----------|---------|-----------|--------|
|              |                |           |         |           |        |

**GENERAL BUSINESS QUESTIONS**

|  |
|--|
| Will This unit be your First, Additional or Replacement Unit?  |
| How will you benefit from this truck or equipment?   |
| Would you be interested in reduced seasonal payments? <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, which months? |
| How many employees do you employ presently?  |
| What products do you haul?   Within what mile radius do you haul in?   |



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**GENERAL BUSINESS QUESTIONS**

If required, could any of your trucks be pledged for additional collateral?  YES  NO

If YES:                      YEAR:                      MAKE:                      MODEL:                      TYPE:

Suppose 2 months from now your engine blew, how would you come up with the necessary funds to pay for repairs?

Is there any warranty remaining on this truck?

Have any of the above individuals been involved in any bankruptcy proceedings either business or personal? If yes, Please explain:

**PRESENT NUMBER OF TRUCKS**

| YEAR | MAKE | MODEL | FINANCED BY | ACCOUNT NO | PHONE NO |
|------|------|-------|-------------|------------|----------|
|      |      |       |             |            |          |
|      |      |       |             |            |          |
|      |      |       |             |            |          |

**SUPPLIER REFERENCES (Places where you purchase supplies, tools, fuel, etc. for business)**

| COMPANY | PHONE NO | ACCOUNT NO | CONTACT |
|---------|----------|------------|---------|
|         |          |            |         |
|         |          |            |         |

**RELATIVES (Please List "2" Not Living With the Applicant)**

| NAME | ADDRESS | PHONE NO. | RELATIONSHIP |
|------|---------|-----------|--------------|
|      |         |           |              |
|      |         |           |              |

**COMMENTS**

At CAG We Listen To The Customer's Story. Please tell us your credit story and please be specific:

**Customer's Authorization For Release:**

The undersigned certifies that the above information given for credit purposes is true and correct. The undersigned also authorizes CAG Truck Capital and/or its associates any access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application as is necessary. The undersigned authorizes all parties contacted to release credit and financial information as part of said investigation.

**Applicant's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_