



APPLICANT DATA

Legal Company Name		Trade Style (DBA)		Year Established		Federal Tax ID Number	
Address			City		State	Zip Code	County
Person to Contact		Business Telephone #	Business Fax #		E-Mail Address		
Entity Type (check one box)		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	LLC <input type="checkbox"/>	C Corp. <input type="checkbox"/>	S Corp. <input type="checkbox"/>
Current Fleet Size: Coaches _____ Mid Size Buses _____ Shuttles/Vans _____ School Buses _____ Limo's _____ Other _____							

List Affiliated Companies or Subsidiaries

PARTNERS, GUARANTORS AND PRINCIPALS

1. Principal Owner		% Ownership		Title		Social Security Number	
Address			City		State	Zip Code	
2. Principal Owner		% Ownership		Title		Social Security Number	
Address			City		State	Zip Code	

EQUIPMENT TO BE FINANCED

Quantity	Year, Manufacturer, Model		\$ Requested	Terms	Replacement <input type="checkbox"/>	Expansion <input type="checkbox"/>	Lease <input type="checkbox"/>	Loan <input type="checkbox"/>
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INSURANCE INFORMATION

Insurance Company Name (Liability & Physical Damage)		Agent		Telephone #	
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CREDIT REFERENCES

Bank Name	Account Number(s)		Contact	Telephone #	
Bank Name	Account Number(s)		Contact	Telephone #	
Finance Company Name	Account Number(s)		Contact	Telephone #	
Finance Company Name	Account Number(s)		Contact	Telephone #	
Finance Company Name	Account Number(s)		Contact	Telephone #	

COMPANY HISTORY/INFORMATION

REASON FOR ACQUISITION

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request.

Signature _____

Title _____

Date _____

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, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.