



# INDIVIDUAL PURCHASER/LESSEE STATEMENT

Type of Application:    Business  Individual                       Used                       Salesperson's Name:

Dealer Name:		Dealer Phone:		Dealer Fax:	
<b>INDIVIDUAL/PARTNERSHIP INFORMATION:</b>					
1st Time Buyer    Ownership Exp.		Number of trucks you currently: Operate:		Own:	
Full Name:		Social Security Number:		Date of Birth:	
Home Phone Number		Pager Number		Cell Phone Number	E-Mail Address
Present Physical/Mailing Address:		City:		County:	State:                      Zip:
How Long at Present Address? Years:                      Months:		Rent	Own	Live with relatives	Monthly Payment:
Previous Address (If less than 2 years)					
Co-Buyer		Co-Buyer's SSN:		Co-Buyer's Phone Number:	
Present Physical Address:		City:		County:	State:                      Zip:
Employer		Time on job		Income	
<b>NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH YOU:</b>					
Name					
Address	City		State	Zip	Phone
Name					
Address	City		State	Zip	Phone
<b>CORPORATION/LEGAL ENTITY INFORMATION (If Applicable)</b>					
Exact Legal Name of Corporation/Legal Entity:		Inc. LLC Other		Federal ID#	
Year of Organization	Principal Officer			Social Security Number	
Title	% Owned	USDOT Number		MC Number	
<b>CURRENT EMPLOYMENT INFORMATION</b>					
Total Years of Driving Experience		Years as Owner Operator		Years as Company Driver	
Name:		City:		State:	Phone:
Contact		Years at Current Employer		Months	Income
Company Driver Owner Operator Other			Other Annual Income		
			Source	Amount	
<b>FUTURE EMPLOYMENT</b>					
Name		City/State		Phone Number	
Contact		Monthly Miles	Monthly Revenue	Paid /mile % of Gross	
Products to be Hauled		Commercial DL#			State
<b>PREVIOUS EMPLOYERS</b>					
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?



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Trucks/Trailers Owned Description of Collateral	Lending Institution	City/State	Phone #	Account #
Real Estate	Lending Institution	City/State	Phone #	Account #
Autos Owned	Lending Institution	City/State	Phone #	Account #
Bank Account Type	Institution	City/State	Phone #	Account #

**Authorization to Release Credit Information**

The undersigned certifies that: (a) all of the information contained herein or provided in connection with this Application is true and correct and accurately describes the financial condition of the Customer(s) as of the date hereof; and (b) I will notify Crossroads Equipment Lease & Finance LLC, its successors and assigns ("Creditor") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize Creditor and/or Dealer to make inquiry into, to request, and to receive any information concerning my financial condition, including, but not limited to, obtaining a credit report and contacting any current or former creditors of Customer(s) to verify any information contained herein or received in connection with this Application, which Creditor and/or Dealer deems relevant to the possible extension of credit to Customer(s) ("Information"). I also grant any such creditors permission to release Information to Creditor and/or Dealer. I authorize Creditor to disclose Information to any affiliate, assigns or agent. I authorize Creditor to file a UCC financing statement. I have applied for a loan or extension of credit from Creditor and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. The foregoing provision shall remain in effect until Customer pays Creditor in full (if Creditor decides to grant credit to Customer(s)).

Applicant Signature: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_



# Deal Submission Cover Sheet

Lessee Name: \_\_\_\_\_  
(If company name (Specify LLC or Corporation), must have a minimum of 3 years time in business)

(Circle one) Co-Borrower/Guarantor Name(s): \_\_\_\_\_

Number of Trucks Requested: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

(Please circle one) New or Used Truck Total Amount: \_\_\_\_\_ If new: Dealer Cost: \$ \_\_\_\_\_

Number of years with CDL: \_\_\_\_\_ Total Years as Owner/Operator: \_\_\_\_\_

Is Customer Driving this Truck? (Circle One) Yes or No (Circle One) Homeowner/Renter

If not driving the truck then explain who is and relationship? \_\_\_\_\_

Truck is: (Please circle one): Additional Truck Fleet Expansion New Venture Replacement

New Contract (RFP or Awarded?) Please give contact information to verify: \_\_\_\_\_

Customer's Down Payment: \_\_\_\_\_ Trade- In Value: \_\_\_\_\_ Combination: (Explain) \$ \_\_\_\_\_

Customer's Monthly Payment Expectation: \_\_\_\_\_

Type of Business: (Please circle one) Fleet (5 or more trucks) Vocational Independent Owner/Operator

Where are they Hauling? (Please circle one) Port Drayage Local 48-States 11-Western

Please list Haul Reference and Contact Info: \_\_\_\_\_

Has the customer ever FINANCED a Truck Before? (Please circle one) Yes or No

If customer currently has trucks, how many? \_\_\_\_\_ How many are paid off? \_\_\_\_\_

If Commercial Financing History (Please provide Name(s) and Contact Info): \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Request for Transcript of Tax Return

Department of the Treasury  
Internal Revenue Service

- ▶ Do not sign this form unless all applicable parts have been completed.  
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required part was blank at the time of signature.

**TIP:** Use new Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return  : : : :
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**CAUTION:** Lines 6 and 7 must be completed if the third party requires you to complete Form 4506-T. Do not sign Form 4506-T if the third party requests that you sign Form 4506-T and lines 6 and 7 are blank.

**6 Product requested.** Most requests will be processed within 10 business days. If the product requested relates to information from a return filed more than 4 years ago, it may take up to 30 days. Enter the return number here and check the box below. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are generally available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years . . . . .
- d Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year . . . . .
- e Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2003, filed in 2004, will not be available from the IRS until 2005. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213 . . . . .

**CAUTION:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )	
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature	Date		