



VOCATIONAL PURCHASER/LESSEE STATEMENT

SELLER-PURCHASER:

Date: _____

Seller: _____
 Address: _____
 City: _____ State: ___ Zip: _____
 Purchaser: _____ Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 City: _____ County: _____ State: ___ Zip: _____
 SSN: _____ Fed. ID #: _____

BUSINESS INFORMATION:

C Corporation S Corporation Number of Years in Business: _____
 LLC Partnership Proprietor
 Nature of Business: Construction Agricultural Food/Grocery Refuse Material Hauling
 Mixer (concrete) Delivery Hazardous/Toxic Tow Recovery Beverage
 Tank Crane Municipal Other (specify): _____
 Is Business Seasonal? Yes No Equipment Operates: Local Interstate
 Inactive month(s) _____ Annual Mileage: _____ Regional Intrastate

Officers/Key Managers:

Name	Title	Stock Ownership %	Yrs. w/Co.	Years Exp.

Sources of Revenue:

Contracts or Customers	Years of Association	\$ Revenue/Year	% Total Rev.

Other income: Source(s) of other income: alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.

Source(s): (WA) _____ Additional Mo. Income \$ _____

EQUIPMENT PURCHASE INFORMATION:

New <input type="checkbox"/>	Year	Make	Model	VIN	Price of Unit
Used <input type="checkbox"/>					

ATTACHMENT INFORMATION:

Year	Description	Make	Model	Serial Number	Price of Unit

Selling Price: _____
 - Gross Trade: _____
 + Payoff: _____
 - Cash Down: _____
 =Amount Financed/Leased: _____
 Skip Pymts (specify): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Term : _____
 Balloon / Residual %: _____
 Rate / Payment Factor: _____

FINANCIAL INFORMATION:

Insurance: Physical Damage Deductible: _____ Liability Limits: _____

Bank References:

Bank Name	Contact	Phone	City	State	Complete Acct. No.

Equipment Financing and Leasing References* :

Bank/Finance Co.	Contact	Phone	City	State	Account Numbers



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Number of Trucks Currently Owned: _____ Leased: _____

* This information should correspond with the information contained in the attached financial statements. Include paid out creditors if available.

Legal Actions:

Prior Bankruptcy: Yes No Judgments: Yes No
 Tax Liens Yes No Lawsuits Pending: Yes No

WISCONSIN MARITAL INFORMATION STATEMENT: (Must be filled in by Wisconsin Residents)

Spouse's Name: (If Other than Co-Applicant) _____ Is Co-applicant Your Spouse? Yes No Are you Married _____ Date of Marriage: _____
 Yes No Legally Separated _____
 Unmarried (The term "unmarried" includes _____ Date of Decree of Legal Separation _____
 Single Divorced or Widowed Persons)

Notice to Married Applicants: No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement) under Section 766.587 of the Wisconsin Statutes, unilateral statement under section 766.59 or the Wisconsin Statutes, or court order under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor unless the creditor receives a copy of the agreement, statement, or order or has actual knowledge of the adverse provision before extending or agreeing to extend the credit you are requesting. Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application?

Check appropriate box:
 No Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

Notice to Non-Applicant Spouse (Married Applicants only): If the credit applied for is individual credit, or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

Statement of Purpose: For a married applicant applying for individual credit or for joint credit with an applicant who is not your spouse: The credit requested, if granted, will be incurred in the interest of my marriage or family.

Signature of Wisconsin Applicant _____ Date _____

CALIFORNIA: An applicant, if married, may apply for a separate account.
 RHODE ISLAND, MAINE, TENNESSEE: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.
 NEW YORK: Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.
 OHIO: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

GUARANTOR INFORMATION:

Name: _____	Name: _____
Address: _____	Address: _____
SSN: _____	SSN: _____

CREDIT REPORT. The undersigned agrees to notify Crossroads Equipment Lease & Finance, LLC ("XROADS") immediately in writing of any material unfavorable change in financial conditions. Dealer and/or Crossroads Equipment Lease & Finance, LLC and its successors (each "Creditor") may obtain my credit report in connection with this credit application, the credit transaction resulting from this application, or future extensions of credit by Creditor, for any aspect of the credit transaction, including but not limited to reviewing the account, taking collection action, updating credit information or for any other Permissible Purpose under the Federal Fair Credit Reporting Act. CREDIT INVESTIGATION. I authorize the Creditor to start a credit investigation based on the information voluntarily provided by me which is true and correct and reflects all my debts. In addition, I authorize Creditor to obtain federal, state, and third party records of employment and income history, including State Employment Security Agency ("SESA") records. This SESA authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, as allowed by law. BANKRUPTCY. A bankruptcy proceeding is not in progress nor expected. BUSINESS APPLICATIONS. If the application is submitted in the name of a business, a current and year end financial statement, including P&L statement, and balance sheet is required, audited if possible. COPY PROVIDED. Upon request, I will be provided a copy of this application. CERTIFICATION. I acknowledge and certify that I have applied for a loan or extension of credit from XROADS and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. Everything I have stated in this application is correct to the best of my knowledge.

Signature: _____ Date: _____
 Title: _____