

APPLICANT INFORMATION

Legal Name	DBA (if applicable)		
Street Address			Business Phone #
City	State	Zip	Cell #
Contact Name	Title	Email	
SSN#	Years in Business	# of Employees	MC #
Date of Incorporation	State of Incorporation	Parent Company (if applicable)	
Legal Structure	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
	<input type="checkbox"/> Corporation	FID#	
CDL? <input type="checkbox"/> Y <input type="checkbox"/> N	Years as Owner/Operator	Years with CDL	Are you a homeowner? <input type="checkbox"/> Y <input type="checkbox"/> N

IF APPLYING AS A COMPANY, PLEASE COMPLETE THE FOLLOWING SECTION. IF NOT, SKIP TO "EMPLOYMENT INFORMATION" SECTION

LEGAL NAME OF OWNERS, OFFICERS OR GUARANTORS

(Principals with 20% or more ownership must be listed below)

Name	DOB	Email	
Social Security #	% Ownership	%	Cell #
Home Address	Years with Company		Years Experience
Name	DOB	Email	
Social Security #	% Ownership	%	Cell #
Home Address	Years with Company		Years Experience
Name	DOB	Email	
Social Security #	% Ownership	%	Cell #
Home Address	Years with Company		Years Experience

EMPLOYMENT INFORMATION

Current Employer/Haul Source	How Long? Years	Months	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator
Contact Name	Phone #			
Past Employer/Haul Source <i>(need 3 year history total)</i>	How Long? Years	Months	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator
Contact Name	Phone #			
Past Employer/Haul Source	How Long? Years	Months	<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator
Contact Name	Phone #			
Future Employer/Haul Source <i>(if different)</i>	Start Date		<input type="checkbox"/> Company Driver	<input type="checkbox"/> Owner Operator

OTHER INFORMATION

#Trucks	#Trailers	Haul Type: <input type="checkbox"/> Port <input type="checkbox"/> Local <input type="checkbox"/> 48 - State <input type="checkbox"/> Regional, List States:		
Is 51% or more of your business conducted in California?	<input type="checkbox"/> Y <input type="checkbox"/> N	Products Hauled	Hazmat <input type="checkbox"/> Y <input type="checkbox"/> N	
Replacement Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Annual Miles Driven	Average Annual Gross Revenues	

EQUIPMENT FINANCE REFERENCES

Name of Finance Company/Cash	Equipment (Year/Make/Model)	Original Balance	Current Balance

AUTHORIZATION RESPECTING CREDIT INFORMATION - Customer and each proposed Guarantor authorize Crossroads Equipment Lease & Finance, LLC ("Creditor"), and Creditor's designee(s) and assignee(s), to request, obtain and use information (including business and personal credit reports) concerning Customer and similar information concerning each Guarantor, from credit reporting entities, current and former customers and creditors of Customer and/or Guarantor, and banking, trade and other credit references. Customer and each Guarantor authorize Creditor to share all information so obtained with its syndication partners, funding sources, and affiliates. Customer and each Guarantor authorize all information providers to provide to Creditor, its designees and assignees, all information within the scope of this authorization. This authorization extends to the original request for financing; to all updates, renewals, extensions, modifications, and reviews of such financing or any extension of further credit; and to all collections of any resulting account. This authorization remains in effect until all obligations of Customer are paid in full. By signature below, each signer affirms such signer's identity as the individual named in the application. By typing your name in the signature fields below, you hereby acknowledge that it is in place of your signature, and can be used as such.

Applicant Signature: _____	Title (if applicable): _____	Date: _____
Co-Applicant/Guarantor: _____	Title (if applicable): _____	Date: _____
Co-Applicant/Guarantor: _____	Title (if applicable): _____	Date: _____