



FLEET CREDIT APPLICATION

CUSTOMER DATA

Today's Date		Business Start Date			Tax ID #		State of Incorporation	
C Corp <input type="checkbox"/>	S Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>		Parent Company (if applicable)		
Customer Legal Name					DBA Name			
Address					US DOT Number		MC Number	
City			State	Zip	Tel #		Fax #	
Contact Person Name			Title		Tel #		Fax #	
Principal Owner/Guarantor Name			Title	SSN	% Owned	Years with Co.	Years Experience	
Principal Owner/Guarantor Name			Title	SSN	% Owned	Years with Co.	Years Experience	
Principal Owner/Guarantor Name			Title	SSN	% Owned	Years with Co.	Years Experience	

FINANCE / INSURANCE INFORMATION

Bank Name	Checking Account #	Contact name	Tel #
Bank Name	Savings Account #	Contact name	Tel #
Bank Name	Operating Line #	Contact name	Tel #
Operating Line Secured By: <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other: (Describe)			
Vehicle Finance Reference	Account #	Contact name	Tel #
Vehicle Finance Reference	Account #	Contact name	Tel #
Vehicle Finance Reference	Account #	Contact name	Tel #
Any units financed with XROADS/MBCC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Account #	Account Name	
Insurance Agency	Contact Name	Liability Coverage \$	Phys Dam. Ded. \$ Tel #

MAJOR CUSTOMERS

Name	% Revenue	How Long?	Contact name	Tel #
Name	% Revenue	How Long?	Contact name	Tel #

EQUIPMENT INFORMATION

Current Fleet	# Tractors _____	# Trucks _____	# Trailers _____	Total # Units To Be Purchased / Leased _____
# Additions To Fleet _____	<input type="checkbox"/> Penetrate existing accounts (who) _____ contract? Yes/No _____		<input type="checkbox"/> New accounts (who) _____ contract? Yes/No _____	
# Replacements to Fleet _____	<input type="checkbox"/> Retiring debt service \$ _____/mo		<input type="checkbox"/> Replaced equipment free & clear	
Retail <input type="checkbox"/>	TRAC <input type="checkbox"/>	OBS TRAC <input type="checkbox"/>	FMV <input type="checkbox"/>	Fixed <input type="checkbox"/> Float <input type="checkbox"/>
# Months _____		Balloon / Residual _____%	Payment Stream <input type="checkbox"/> Level <input type="checkbox"/> Skips (months) _____	
Annual Tag Renewal Token Payment				
<input type="checkbox"/> Tractor \$250 <input type="checkbox"/> Truck \$150 <input type="checkbox"/> Refrigerated Trailer \$150 <input type="checkbox"/> Dry Van/Flatbed \$50 <input type="checkbox"/> OTHER _____ \$ _____				

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 ("XROADS") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize XROADS 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 XROADS deems relevant to the possible extension of credit to Customer(s). I also grant any such creditors permission to release information relating to my financial condition to XROADS. 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. The foregoing provision shall remain in effect until Customer pays XROADS in full (if XROADS decides to grant credit to customer(s)).

Signature X: _____

Guarantor's Signature X: _____

Title: _____

Guarantor's Name: _____

Date: _____

Date: _____



FLEET CREDIT APPLICATION

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.

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

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

X

Signature of Wisconsin Applicant

Date



FLEET SUMMARY

Customer Name _____

Type of Carrier (complete for primary borrower only) National / Regional / Local (circle one) _____

Refrigerated	_____ %	Flat Bed	_____ %
Dry Freight: TruckLoad (TL)	_____ %	Less Than TruckLoad (LTL)	_____ %
Vehicle Transport	_____ %	Bulk	_____ %
Expedited Freight	_____ %	Mail / Postage Services	_____ %
Third party logistics	_____ %	Hazardous Chemicals	_____ %

Top Five Customers	Primary Freight Type	Annual Revenue \$ / %	Length of Relationship
1) _____	_____	_____	Yrs
2) _____	_____	_____	Yrs
3) _____	_____	_____	Yrs
4) _____	_____	_____	Yrs
5) _____	_____	_____	Yrs

Operating Information	Year
Annual Total Miles (in '000)	
Loaded Miles (in '000)	
Revenue / Tractor / Day (in \$)	
Average Revenue / Mile (in \$)	
# Owner Operators Used	
# Company Drivers	
# Team Drivers (Company)	
Avg.. Driver Turnover (Company) %	
Annual Mileage: Single Drivers	
Annual Mileage: Team Drivers	
Off Balance Sheet Debt	

Fleet Financing	Tractors	Trucks	Trailers
Retail Finance (# units):	_____	_____	_____
Capital Leases (# units):	_____	_____	_____
Operating Leases (# units):	_____	_____	_____
Owned (# units):	_____	_____	_____
Trade Cycle (# months)	_____	_____	_____
Average Age (year's)	_____	_____	_____

Receivables

Receivables Aging as of _____ (Provide a copy of recent receivable aging report, consolidation page only)

_____ %	_____ %	_____ %	_____ %
\$ _____	\$ _____	\$ _____	\$ _____
0-29 Days	30-59 Days	60-89 Days	> 90 Days

Date: _____

- Completed and Signed Fleet Application
- Completed Fleet Summary
- Last three years of Company's Federal Income Tax Returns
- Last three years of Financial Statements on the Company
- Current Interim Financial Statement for the most recent quarter close for the Company (Should include Balance Sheet and Income Statement)
- Each Principals' Personal Financial Statement (if they own 20% or more of the company)
- Last two years of Personal Income Tax Returns on each Principal guaranteeing the deal
- Equipment Invoices or Collateral being Purchased
- Overview of the Company (The more you share, the faster the turnaround) Top 5 customers, Contracts, Revenue sources, Long term customer relationships, etc

Bank and Trade Reference Sheet

(Lessee/Borrower's Name and Address/Phone)

Customer References:

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Bank References:

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Account Number _____

Trade References:

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

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Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Name of Company: _____

Name of Contact: _____

Company Address: _____

Telephone Number: _____

Account Number: _____



Fleet Checklist Form

Date: _____

- Completed and Signed Credit/Fleet Application (Application should be on each principal owning 20% or more AND each Guarantor with a SSN, address and telephone number)
- Completed Fleet Summary
- Customer Expectations of Structure and Down Payment (Set the expectation of 20%+ down)
- Customer Aging List – Explanation if 90+ over 20%
- Last three years of Company's Federal Tax Returns or CPA Audits or Reviewed (If Tax Returns, then all schedules must accompany Tax Return and it must be a final signed copy)
- Last three years of Financial Statements on the Company
- The Most Current Interim Financial Statement for the month or quarter and the Previous Year's matching month or quarter for Comparison for the Company (Should include Balance Sheet and Income Statement)
- Each Principals' Personal Financial Statement (if they own 20% or more of the company)
- Last two years of Personal Income Tax Returns on each Principal guaranteeing the deal
- Bank and Trade References – Could include working capital lines, open accounts with repair shops and parts distributors.
- Bank Statements (a minimum of 3 months)
- Equipment Invoices or Collateral being Purchased
- Overview of the Company (The more you share, the faster the turnaround)
Organizational Chart, Explanations on the various divisions or departments, Top 5 customers, Contracts, Revenue sources, Long term customer relationships, etc
- Is there additional collateral available? If So, please provide a complete list
- Debt Schedule for the last twelve months



PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name	Business Phone ()
Residence Address	Residence Phone ()
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Describe in attachment)	
IRA or Other Retirement Account		Installment Account (Auto) Monthly Payment \$_____	
Accounts & Notes Receivable		Installment Account (Other) Monthly Payment \$_____	
Life Insurance--Cash Value Only		Loans on Life Insurance	
Stocks & Bonds (Describe in attachment)		Mortgages on Real Estate (Describe in attachment)	
Real Estate (Describe in attachment)		Unpaid Taxes (Describe in attachment)	
Automobile(s)--Present Value		Other Liabilities (Describe in attachment)	
Other Personal Property (Describe in attachment)		Total Liabilities	
Other Assets (Describe in attachment)		Net Worth	
Total		Total	

Section 1. Sources of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe Below)*	Other Special Debt

Description of Other Income in Section 1.

*** Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.**

Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

I authorize Crossroads to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in possible prosecution.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return : : : :
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Address, (including apt., room, or suite no.), city, state, and ZIP code shown on the last return filed if different from line 3	
5 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.

Sign Here	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	