



FAX NUMBER: 417-865-9898

www.caplendgroup.com

FLEET COMMERCIAL CREDIT APPLICATION

Business Legal Name: _____ Federal Tax ID# _____
D/B/A: _____ ICC# _____ State of Inc _____ Date of Inc _____

Entity Type: C-Corp S-Corp L.L.C. Sole Propreiter Partnership Yrs In Business _____

Physical Address: _____ Suite/Apt# _____
City _____ State _____ Zip Code _____

Mailing Address: _____
City _____ State _____ Zip Code _____

Business Ph# _____ Bus Fax _____ Email _____

Is Main Terminal owned _____ rented _____ Mortgage holder or Landlord _____

Type of Carrier: Tank _____ Food/Reefer _____ Drygoods _____ Hazardous Cargo _____ Waste _____ Construction _____ Other _____

Area of Operation: Regional _____ National _____ Local _____ States _____ Outside US _____ # of employees _____

Fleet	# Financed	# Not Financed	Total Fleet	# Owner Operators
Tractors	_____	_____	_____	_____
Trucks	_____	_____	_____	_____
Trailers	_____	_____	_____	_____

OWNERSHIP STRUCTURE:

Name: _____ Yrs/Co: _____ Name: _____ Yrs/Co: _____

Title: _____ % of Ownership _____ Title: _____ % of Ownership _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

SS# _____ Birth Date: _____ SS # _____ Birth Date _____

Cell# _____ Email: _____ Cell# _____ Email: _____

US Citizen Yes / No If no attach work visa or green card US Citizen Yes / No If no attach work visa or green card

Name: _____ Yrs/Co: _____ Name: _____ Yrs/Co: _____

Title: _____ % of Ownership _____ Title: _____ % of Ownership _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

SS# _____ Birth Date: _____ SS # _____ Birth Date _____

Cell# _____ Email: _____ Cell# _____ Email: _____

US Citizen Yes / No If no attach work visa or green card US Citizen Yes / No If no attach work visa or green card

LIST TOP 5 CUSTOMERS:

Name:	Phone:	Contact	Customer Since:	% of Revenue
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RELATED COMPANIES:

Company Name	Business Type	Tax ID
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Page 2 Continued: APPLICANT NAME _____

BANK REFERENCES:

Bank Name: _____ Personal Contact _____
Address: _____ City: _____ State _____ Zip _____
Phone# _____ Fax# _____

Bank Name: _____ Personal Contact _____
Address: _____ City: _____ State _____ Zip _____
Phone# _____ Fax# _____

EQUIPMENT CREDITOR REFERENCES: (TRUCK, TRACTOR, TRAILERS & SERVICE)

Lender Name	Phone/Contact	Acct#	Equip Financed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Credit Requests Over \$300,000 will require the following information with your credit submittal:
- ** Two (2) Years of Fiscal Year End Financial Statements- may substitute Corporate Federal Tax Returns
 - ** Current Year Interim Financial Statement
 - ** Personal Financial Statements on all owners
 - ** Equipment List

This authorization is made in connection with the credit application attached hereto. Each of the undersigned hereby authorize The Larson Group, Inc. d/b/a Capital Lending or its designee(s), assignee(s) or any lending source to whom this application is submitted ("You") to review or obtain any information it may request from any business or consumer reporting agencies or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update, renew, or for the purposes of reviewing and collecting on the account and other credit requests. Additionally, this authorization permits You to share and exchange information and to request obtain and review bank, financial or other information from past, present, or potential creditors. This authorization shall be effective from the date upon which the application has been received until full payment of any credit granted in connection with the application

NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Capital Lending at, 1650 S Enterprise - Springfield, MO 65804 or call 417-414-6500 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for denial within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion or national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Equal Opportunity, Washington D.C. 20580

The applicant and/or guarantors have read and agree to the above ECOA consent and notice. The applicant also agrees to pay a documentation fee should he/she decide to engage the transaction.

Signature of majority owners required:

Date: _____	Date: _____
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Title: _____	Title: _____