

CLOPTONCAPITAL

TRUCK FINANCIAL APPLICATION

Dear Applicant,

This package contains everything you will need to apply for Semi Truck Financing with our company. Please fill these documents out completely and return as soon as possible. We cannot do anything for you and your business until we have these documents completed and signed. Along with these documents, please do the following;

- Print out and fax to us your last 3 months bank statements summary pages only, if you have more than one account please do this for all.
- Print out and fax to us an Equifax credit report from <https://www.annualcreditreport.com/cra/index.jsp>

Please fax the entire application to 855-459-5454

Once we have received your complete application package and feel that we can move forward with you, we will begin working on getting your truck. At this point, a \$500 REFUNDABLE (100%) deposit is required to being working on your truck in order to hold it and continue with your application. This deposit is required to hold your truck and is 100% refundable.

Thank you very much for applying with our firm,

All the best,

Semi Truck Source

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IF YOU HAVE FORMED A COMPANY (S CORP, C CORP, LLC, OR PARTNERSHIP) AND YOU WILL BE BORROWING THIS TRUCK UNDER THE COMPANY, FILL OUT THE INFORMATION BELOW COMPLETELY. IF YOU HAVE NOT FORMED A COMPANY AND ARE A SOLE PROPRIETOR DO NOT FILL OUT THIS SECTION.

Company Information			
Company Legal Name :		Phone # :	
		Fax # :	
Address :	City :	State :	Zip :
Type of Corporation :	S Corp	C Corp	Partnership
			LLC
Date Incorporated:	Age of Business:	Federal Tax I/D :	How Many People Have Ownership In the Company:

ALL APPLICANTS MUST FILL OUT THE PERSONAL INFORMATION SECTION BELOW

Personal Information			
Full Name :		Social Security Number:	If There is a Company Formed, What is Your Title and Ownership %:
Home Address :		City :	State :
			Zip :
Current Home Phone # :		Do You Own Real Estate or Rent Your Home? If Owned, Do You Have a Mortgage?	

IF THERE IS A COMPANY FORMED AND THERE ARE OTHER OWNERS, FILL OUT THE SECTION BELOW WITH THEIR INFORMATION

Other Owner/Guarantor Information			
Name:	% Ownership:	Social Security #:	Address:
Name :	% Ownership:	Social Security #:	Address:

FILL OUT THE SECTION BELOW COMPLETELY WITHOUT LEAVING ANY SPACES EMPTY

Hauling Information			
Company You Will Haul for:		How Long There?	Phone #
			Contact Name
Previous Hauling Reference:		How Long There?	Phone #
			Contact Name
Are You A First Time Owner Operator?	How Long Have you Been An Owner Operator:		Time as a Driver:
			Cell Phone
CDL Number of driver:	Number of Trucks/Trailers Owner:		Make And Model of Trucks/Trailers You Own:
Will This New Truck be a Replacement or a New Addition?		Reason For New Purchase:	Name Of The Driver:

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BELOW FILL OUT THE DESCRIPTION OF THE KIND OF TRUCK AND/OR TRAILER YOU ARE LOOKING FOR.

Equipment Description You Are looking For

Brand :	Model :	Year :	Mileage :	Trailer :
Speed :	Tires :	Wheelbase :	Sleeper:	
Special Features :				

PLEASE READ THE SECTION BELOW COMPLETELY AND SIGN

I/we hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we agree that the advance payments under the lease are not refundable unless the lessor rejects the application. By the execution of the lease agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/we will indemnify lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on the information contained herein.

Signature : 	Date :
Other Owner Signature :	Date :
Other Owner Signature :	Date :

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PERSONAL FINANCIAL STATEMENT

As of

Name	Business Phone:
Address:	Residence Phone:
City, State & Zip:	Primary Banking Relationship:
Business Name of Applicant/Borrower:	Personal tax Returns files for:
<i>ASSETS (Omit Cents)</i>	<i>LIABILITIES (Omit Cents)</i>
Cash on hand & in Banks _____	Credit Cards _____
Savings Accounts _____	Accounts Payable _____
IRA or Other Retirement Account _____	
Accounts & Notes Receivable _____	
Trucks Owned _____	Amounts Owed on Trucks _____
Trailers Owner _____	Amounts Owed on Trailers _____
Automobiles Owned _____	Amounts Owed on Automobiles _____
Other Equipment _____	Amounts Owed on Equipment _____
Real Estate _____	Mortgages on Real Estate _____
Other Property (describe) _____	Other Debt (describe) _____
Total	Total
<i>Section 1. Source of Income</i>	<i>Contingent Liabilities</i>
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 _____
Any Bankruptcies or Judgments?	
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.	
Are any assets pledged? No ___ Yes ___ Provide detail below	

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Credit Authorization

Authorization To Release Information

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Clopton Capital Lending, LLC, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

It is further authorized that Clopton Capital Lending, LLC and it's assigns may make whatever credit inquiries it deems necessary in connection with this Application or in the course of review or collection of any credit extended in reliance on the Application. Authorization is given that any bank, lending institution, supplier, person or consumer reporting agency should comply and furnish any information it may have or obtain in response to such credit inquiries.

Company Name

Social Security Number/Tax ID

Print Name

X 

Signature

Date