



Phone: 610-538-3800 • Fax: 610-538-1949 | 418 Hillman Dr. Suite 104 • Chadds Ford, PA 19317  
www.cagcorp.com

For FAST processing, please fill out complete application and sign.  
Our funding pros will get to work for you immediately upon receipt.

# CAG Credit Application - Spanish

May 24, 2021

CAG Truck Capital  
Document Sender : CAG Truck Capital



## CAG Credit Application - Spanish



**Phone:** 610.558.3800

**Fax:** 610.558.4882

**Email:** [credit@cagcorp.com](mailto:credit@cagcorp.com)

4 Hillman Drive  
Suite 102 to 104  
Chadds Ford, PA 19317

**Fill out complete application and sign. Our funding pros will get to work for you immediately upon receipt!**

Where Did You Hear About CAG?

Google Search ▼

Have you talked to anyone at CAG previously?

- Yes
- No

If yes, who was your CAG representative?

Brian ▼

What would you like to finance?

- Truck
- Overhaul

Transaction type:

- Overhaul
- Private Sale
- Dealer Purchase

Seller / Shop Name

Dealer/Contact

Seller / Shop Phone



Dealer Phone

Seller / Shop Dealer Fax

Dealer Fax

Tell us about what you are purchasing

Text

Vehicle Year

Year

Vehicle Make

Vehicle Make

Vehicle Type

Truck Type

Mileage

Mileage

What is the cost?

Equip. Cost

How much money are you able to put down? (MINIMUM 20% CASH OR TRADE REQUIRED):

\$ To put down

## Your Company Information

Company Name:

Company Name

Company Mailing Address:

Company mailing address

Company Physical Address

Physical address

Company Equipment Location:

Equip. Location

Company City:

City

Company State:



State

Company Zip:

Zip

Company Business Phone:

Business Phone

Your Home Phone:

Home Phone

Your Mobile Phone: (Required)

Mobile Phone

Other Phone Number:

Other Phone

Company Fax:

Fax

Your Email Address: (Required)

Email Address

How many years have you been in business?

Years in business

How many years experience in your field?

Years of experience

Business type:

- Limited / Corp
- Partnership
- Proprietorship

Federal ID#:

Federal ID

DOT#:

DOT#

MC#:

MC#

CAB Card#:

CAB Card #

Driver License #:



Driver License #

Will You Have Additional Drivers?

Yes

No

Additional Driver Driver License#:

Add. Driver Lic. #

Additional Driver License State:

Add. Driver Lic. State

## Borrower / Co-Borrower Information

Your Name:

Borrower

Your Address:

Address

Your City:

City

Your State:

State

Your Zip:

Zip

Your County:

County

Your Phone#:

Phone

Your Social Security#:

Social Security #

Your Date of Birth:

Date Of Birth

Your Driver License#:

Drivers License #

Are You Married?



Yes

No

Co-Borrower: (If Applicable)

Co-Borrower Name:

Co-Borrower

Co-Borrower Address:

Address

Co-Borrower City:

City

Co-Borrower State:

State

Co-Borrower ZIP:

Zip

Co-Borrower Phone:

Phone

Co-Borrower Social Security#:

Social Security #

Co-Borrower Date of Birth:

Date Of Birth

Co-Borrower Driver License #:

Drivers License #

Is Co-Borrower Married?:

Yes

No

## Mortgage Information

How Long At Current Address?:

Years Years

Months Months



Do You Rent or Own Your Home?

Do You:

- Rent
- Own your home?
- Mortgage Company
- Landlord

Mortgage Company or Landlord Name:

Mortgage Company or Landlord Phone:

What Is The Value Of Your Home? (if you own your home)

What Is Your Mortgage Balance: (if you own your home)

## Bank Accounts (for faster processing please provide 3 months bank statements)

Your Bank Name:

What Are Your Monthly Payments?

Account Type:

Type

- Checking
- Savings

Bank Phone#:

Secondary Account Payment Per Month:

Account Type:

Type

- Checking
- Savings



## Current Employment Information

Who Is Your Current Employer?

Current Employer City / State:

Current Employer Phone#:

Current Employer Contact Name:

How Long Have You Worked Here?

What is your annual income from this job?

## Future Employment Information

List Future Employment (if applicable)

Future Employment City / State:

Future Employment Phone:

Future Employment Contact Name:

Expected Income From Future Job:



## Previous Employers

Please list past Employer:

Company Name

Past Employer City / State:

City, State

Past Employer Phone:

Phone

Past Employer Contact Name:

Contact

How Long Did You Work At This Job?

How Long

What Was Your Annual Income?

Income

How Many Owner Operators Does This Company Employ? ▼

## General Business Questions

Will this be your:

- First
- Additional
- Replacement Unit

How Many People Do You Currently Employ?

How many persons do you currently employ?

What Products Do You Haul?

What products do you haul?

Within What Radius Do You Haul?

Within what radius do you haul?

How Much Will This Truck Earn For You?

How much will this truck earn for you?

If required, could any of your trucks be used for additional collateral?  Yes  No

If yes:



Additional Collateral Truck Year:

Additional Collateral Truck Make:

Additional Collateral Truck Model:

Additional Collateral Truck Type:

Suppose 2 months from now your engine blew, how would you come up with the necessary funds to pay for repairs?

Please List Your Current Truck Repair Facility Information:

Do You Still Owe Money On The Additional Collateral Truck?

Yes  No

Have any of the above individuals listed in any above section been involved in any bankruptcy proceedings either business or personal?

Yes  
 No

If Yes Please Explain:

Please Rate Your Mechanical Ability<sup>1</sup> (1 being least experienced) To 5 (5 being most experienced)

## Present Trucks

Present Truck Year:

Present Truck Make:



Make

Present Truck Model

Model

If Payment Owed On Present Truck, Please List Bank:

Financed By

## Supplier references (places where you purchase supplies, tools, fuel, etc. for your business)

Supplier 1 Name:

Company

Supplier 1 Phone#:

Phone Number

Your Account#:

Account #

Supplier 1 Contact Name:

Contact Name

Supplier 2 Company:

Company

Supplier 2 Phone#:

Phone Number

Your Account Number:

Account #

Supplier 2 Contact Name:

Contact Name

## Relatives (Please list two not living with the applicant)

Relative #1 Name:

Name

Relative #1 Address:

Address



Relative #1 Phone#:

Phone

Relative #1 Relationship:

Relationship

Relative #2 Name:

Name

Relative #2 Address:

Address

Relative #2 Phone#:

Phone

Relative #2 Relationship:

Relationship

## Comments

At CAG, we listen to the customer's whole story. Please tell us your credit story and please be as specific as possible.

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Customers Authorization For Release:

The undersigned certifies that the above information given for credit purposes is true and correct. The undersigned also authorizes CAG Truck Capital and/or its associates any access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application as is necessary. The undersigned authorizes all parties contacted to release credit and financial information as part of said investigation. By signing below, I authorize CAG Truck Capital ("CAG") to forward my contact information to CAG's marketing partners, who may contact me regarding products and services that may be of interest to me in my business. I understand that I am under no obligation to purchase any such products or services and it will have no effect on the credit approval process. Such marketing partners are independent businesses and I agree that CAG shall have no liability for any products or services provided to me by such third parties.



X

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# Signature Certificate

Document name: CAG Credit Application - Spanish

Unique Document ID: 288271565EEB78165910A5317E1C89CF77632F3A

LEGALLY SIGNED USING  
**WP***signature*  
Build. Track. Sign Contracts.

## Timestamp

May 24, 2021 1:59 pm EDT

## Audit

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