



Phone: 610-538-3800 • Fax: 610-538-1949 | 4181 Main 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

October 16, 2019

CAG Truck Capital
Document Sender : CAG Truck Capital



CAG Credit Application



Phone: 610.558.3800
Fax: 610.558.4882
Email: 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 applied before?

- ☐ Yes
- ☐ No

If yes, who was your CAG representative?

Cathy▼

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

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 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:

Name

Mortgage Company or Landlord Phone:

Phone

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



Value Of Home

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

Mortgage Balance

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

Your Bank Name:

Bank Bank Phone

What Are Your Monthly Payments?

Account # Monthly Payment

Account Type:

Type

- ☐ Checking
- ☐ Savings

Bank Phone#:

Bank Bank Phone

Secondary Account Payment Per Month:

Account # Monthly Payment

Account Type:

Type

- ☐ Checking
- ☐ Savings

Current Employment Information

Who Is Your Current Employer?

Company Name

Current Employer City / State:

City, State

Current Employer Phone#:

Phone

Current Employer Contact Name:



Contact

How Long Have Your Worked Here?

How Long

What is your annual income from this job?

Income

How Many Owner Operators Does This Company Employ? ▼

Future Employment Information

List Future Employment (if applicable)

Company Name

Future Employment City / State:

City, State

Future Employment Phone:

Phone

Future Employment Contact Name:

Contact

Expected Income From Future Job:

Income

How Many Owner Operators Does This Company Employ? ▼

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:

Year

Additional Collateral Truck Make:

Make

Additional Collateral Truck Model:

Model

Additional Collateral Truck Type:

Type

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



Explain How

Please List Your Current Truck Repair Facility Information:

Truck repair shop, location, phone, contact 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:

If yes please explain

Please Rate Your Mechanical Ability1 (1 being least experienced) To 5 (5 being most experienced)

Rate your mechanical ability 1 (1 being least experienced) to 5 (5 being most experienced)

Present Trucks

Present Truck Year:

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:

Supplier 1 Phone#:

Your Account#:

Supplier 1 Contact Name:

Supplier 2 Company:

Supplier 2 Phone#:

Your Account Number:

Supplier 2 Contact Name:

Relatives (Please list two not living with the applicant)

Relative #1 Name:

Relative #1 Address:

Relative #1 Phone#:

Relative #1 Relationship:

Relative #2 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 it's 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 _____



Signature Certificate

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