



**Online  
Credit  
Application**

**1.800-932-2274**  
**www.cagcorp.com**  
 4 Hillman Dr. Suite 104  
 Chadds Ford, PA 19317

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

Have You Applied Before?	YES	NO	CAG Rep.	What Would You Like To Finance?	Truck	Overhaul
How Did You Hear About Us?				Transaction Type	Overhaul	Private Sale Dealer Purchase
DEALER / CONTACT			DEALER PHONE	DEALER FAX		
EQUIP. DESCRIPTION			EQUIP. COST	\$ TO PUT DOWN		

**BORROWER COMPANY INFORMATION**

BORROWER'S COMPANY NAME						
COMPANY MAILING ADDRESS						
PHYSICAL ADDRESS				EQUIP. LOCATION		
CITY			STATE		ZIP	
BUSINESS PHONE			HOME PHONE		MOBILE PHONE	
OTHER PHONE/NEXTEL #			FAX		EMAIL ADDRESS	
YEARS IN BUSINESS			BUSINESS TYPE			
YEARS OF EXPERIENCE			LIMITED/CORP		PARTNERSHIP PROPRIETORSHIP FEDERAL ID:	
DOT#		MC#	CAB CARD#		DR.LIC. #	
WILL YOU HAVE ADDITIONAL DRIVERS?			YES		NO	
			ADD. DRIVER LICENSE #		ADD. DRIVER LICENSE STATE	

**BORROWER / CO-BORROWER INFORMATION**

BORROWER				CO-BORROWER			
ADDRESS				ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
PHONE				PHONE			
SOCIAL SECURITY #				SOCIAL SECURITY #			
DATE OF BIRTH		DRIVER LICENSE#		DATE OF BIRTH		DRIVER LICENSE#	
Married?		Yes	No	Married?		Yes	No

**MORTGAGE INFORMATION**

How Long at present address?	Years:	Months:	Do you	Rent	Own	your home?
Mortgage Company OR	Landlord	Name	Phone			
Value of Home: \$		Mortgage Balance \$				

**BANK ACCOUNTS (for faster processing, please provide 3 months bank statements)**

BANK	BANK PHONE	ACCOUNT #	MONTHLY PAYMENT	TYPE
				CHECKING SAVINGS
				CHECKING SAVINGS

**CURRENT EMPLOYMENT INFORMATION**

COMPANY NAME	CITY, STATE	PHONE	CONTACT	HOW LONG	INCOME

To the best of your knowledge, how many owner-operators does this company employ?

**FUTURE EMPLOYMENT INFORMATION**

COMPANY NAME	CITY, STATE	PHONE	CONTACT	HOW LONG	INCOME

To the best of your knowledge, how many owner-operators does this company employ?

**PREVIOUS EMPLOYERS**

COMPANY NAME	CITY, STATE	PHONE	CONTACT	HOW LONG	INCOME

To the best of your knowledge, how many owner-operators does this company employ?

**GENERAL BUSINESS QUESTIONS**

Will this be your	First	Additional	Replacement	Unit	How many persons do you currently employ?	
What products do you haul?					Within what radius do you haul?	
How much money will this truck earn for you?						
<b>Are you interested in possibly saving \$\$ on your commercial truck insurance?</b>					Yes	No
If required, could any of your trucks be pledged for additional collateral?					Yes	No
If YES:	YEAR:	MAKE:	MODEL:	TYPE		
Suppose 2 months from now your engine blew, how would you come up with the necessary funds to pay for repairs?						
Truck repair shop, name, location, phone number, contact information:						
Is there any warranty remaining on this truck?    Yes                  No (If yes, please explain below)						
Have any of the above individuals been involved in any bankruptcy proceedings either business or personal?                  Yes                  No (If yes, please explain below)						
Rate your mechanical ability from 1 (being the least) to 5 (most experienced)						

**PRESENT NUMBER OF TRUCKS**

YEAR	MAKE	MODEL	FINANCED BY	ACCOUNT #	PHONE #

**SUPPLIER REFERENCES (Places where you purchase supplies, tools, fuel, etc. for your business)**

COMPANY	PHONE NUMBER	ACCOUNT NUMBER	CONTACT NAME

**RELATIVES (Please List Two Not Living With The Applicant)**

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

**COMMENTS**

At CAG, We Listen To The Customer's Story. Please tell us your credit story and please be specific.

**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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_