



# Online Credit Application

**1.800-932-2274**  
[www.cagcorp.com](http://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 <input type="checkbox"/> First <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
If required, could any of your trucks be pledged for additional collateral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No (If yes, please explain below) _____	
Have any of the above individuals been involved in any bankruptcy proceedings either business or personal? Yes <input type="checkbox"/> 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 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.

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

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