



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		COUNTY			
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 \$					
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?					
Are you interested in possibly saving \$\$ on your commercial truck insurance?				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	MONTHLY PAYMENT #	\$ BALANCE OWED

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 as specific as you possibly can.

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 The Fairville Partnership, LP 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: _____