

**IMMEDIATE
RESPONSE
GUARANTEED!**



*Fast, Easy, Affordable Financing
For Specialized Trucks & Equipment.*

1-800-932-2274 X 110 JEC

TEL: 610-558-3800 FAX: 610-558-1949

10 Hillman Dr., Suite 104, Chadds Ford, PA 19317

jcosgrove@cagcorp.com

SOURCE: _____

ATTENTION DEALER: FOR QUICK RESPONSE PLEASE FILL IN ASTERISKED (*) AREAS ONLY AND FAX

DEALER/CONTACT:*	DEALER PHONE:*	DEALER FAX:*
EQUIP DESCRIPTION*	EQUIP. COST*	\$ TO PUT DOWN*

COMPANY INFORMATION

FULL LEGAL COMPANY NAME*			
MAILING ADDRESS*			
PHYSICAL ADDRESS		EQUIP. LOCATION	
CITY*	STATE*	ZIP CODE*	
BUSINESS PHONE*	HOME PHONE*	EMAIL ADDRESS*	
PORTABLE/CONTACT PHONE*		FAX OR PAGER NUMBER*	
YRS IN BUSINESS*	TYPE OF BUSINESS*		
YRS OF EXPERIENCE	<input type="checkbox"/> LIMITED/CORPORATED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP		FEDERAL ID:

PRINCIPAL/OTHER OR SPOUSE INFORMATION

PRINCIPAL*			SPOUSE/OTHER PRINCIPAL*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		
SOCIAL SECURITY #*			SOCIAL SECURITY #*		
DATE OF BIRTH			DATE OF BIRTH		
How long at present address?		Years:	Months:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Mortgage Payable to OR Landlord:		Name:		Phone:	
Value of Home: \$		Mortgage Balance:		Monthly Payment:	

PRESENT NUMBER OF TRUCKS

YEAR	MAKE	MODEL	FINANCED BY	ACCOUNT NO	PHONE NO

BANKS (For faster processing, please fax 3 months bank statements)

BANK	PHONE NO	ACCOUNT NO	TYPE

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

COMPANY	PHONE NO	ACCOUNT NO	CONTACT

Customer's Authorization For Release:

The undersigned certifies that the above information given for credit purposes is true and correct. They also authorize the firm or person to whom this application is made access to credit bureau or other investigation agency to investigate the references, statements or data listed in or accompanying this application. The undersigned authorizes all parties contact to release credit and financial information as part of the said investigation.

Applicant's Signature: _____ **DATE:** _____

