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Your finance partner is
Brian Poole
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 610-558-3800 Ext. 115
 24/7 Cell: 302-438-9362

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:		
BORROWER / CO-BORROWER INFORMATION					
BORROWER			CO-BORROWER		
ADDRESS			ADDRESS		
CITY		STATE	ZIP	CITY	
PHONE		PHONE			
SOCIAL SECURITY #			SOCIAL SECURITY #		
DATE OF BIRTH		DRIVER LICENSE#		DATE OF BIRTH	
DATE OF BIRTH		DRIVER LICENSE#		DATE OF BIRTH	
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	
FUTURE EMPLOYMENT INFORMATION					
COMPANY NAME		CITY, STATE		PHONE	
				CONTACT	
				HOW LONG	
				INCOME	
PREVIOUS EMPLOYERS					
COMPANY NAME		CITY, STATE		PHONE	
				CONTACT	
				HOW LONG	
				INCOME	
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?					

GENERAL BUSINESS QUESTIONS

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 #

Are you interested in possibly saving \$\$ on your commercial truck insurance?	Yes	No
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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: _____