



COMMERCIAL CREDIT APPLICATION

Commercial Vehicle Application

Fax to: 866-545-9709

Phone: 866-545-9701

DEALER NAME	
DEALER CONTACT	
DEALER PHONE	

APPLICANT (COMPLETE LEGAL NAME OF BUSINESS)

PHYSICAL ADDRESS:		VEHICLE LOCATION ADDRESS:	
STREET ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
COUNTY		COUNTY	
# YEARS IN BUSINESS:		WEB SITE:	
BUSINESS PHONE:		# EMPLOYEES:	
FAX NUMBER:		FEDERAL TAX ID NUMBER:	
BUSINESS TYPE:	<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> OTHER:	<input type="checkbox"/> C CORPORATION <input type="checkbox"/> PARTNERSHIP (General / Limited)	<input type="checkbox"/> S CORPORATION

GUARANTOR / PRINCIPAL INFORMATION

COMPLETE NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)

ADDRESS		HOME PHONE	
CITY		CELL PHONE	
STATE		E-MAIL ADDRESS	
ZIP CODE		% OWNERSHIP	
COUNTY		YEARS ACTIVE WITH COMPANY	
		TITLE:	
HOMEOWNER Yes No (Circle One)		SOCIAL SECURITY NUMBER:	
# YEARS AT PRESENT ADDRESS:		DATE OF BIRTH:	

(Circle Your Answer to the following questions)

Have you had any judgment or legal action filed against you? Yes No Have you ever filed for bankruptcy? Yes No

Have you had any previous repossession(s)? Yes No Have you ever had a tax lien? Yes No

If you answered yes to any of the above questions, please indicate when and explain the reason and how the issues have been resolved.

COMPLETE NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)

ADDRESS		HOME PHONE	
CITY		CELL PHONE	
STATE		E-MAIL ADDRESS	
ZIP CODE		% OWNERSHIP	
COUNTY		YEARS ACTIVE WITH COMPANY	
		TITLE:	
HOMEOWNER Yes No (Circle One)		SOCIAL SECURITY NUMBER:	
# YEARS AT PRESENT ADDRESS:		DATE OF BIRTH:	

(Circle Your Answer to the following questions)

Have you had any judgment or legal action filed against you? Yes No Have you ever filed for bankruptcy? Yes No

Have you had any previous repossessions(s)? Yes No Have you ever had a tax lien? Yes No

If you answered yes to any of the above questions, please indicate when and explain the reason and how the issues have been resolved.



COMMERCIAL CREDIT APPLICATION
Commercial Vehicle Application

EXISTING FLEET SIZE

	# FINANCED	# LEASED (Capitalized)	# LEASED (Operating)	# OWNED	TOTAL UNITS OPERATED
Tractors:					
Trucks:					
Trailers:					

Products Hauled:

PRIMARY HAULING REFERENCES

#1 REVENUE SOURCE					
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE			
PRIMARY CONTACT		PHONE			
#2 REVENUE SOURCE					
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE			
PRIMARY CONTACT		PHONE			
#3 REVENUE SOURCE					
% OF YOUR REVENUES		# OF YEARS PROVIDING SERVICE			
PRIMARY CONTACT		PHONE			

Describe/List previous hauling experience:

BANK REFERENCES :

BANK NAME					
ADDRESS					
ACCOUNT #		PHONE			
BANK NAME					
ADDRESS					
ACCOUNT #		PHONE			

COMMERCIAL VEHICLE FINANCE REFERENCES

BANK/CREDIT/FINANCE COMPANY NAME					
ADDRESS					
ACCOUNT #		PHONE			
CONTACT PERSON					
BANK/CREDIT/FINANCE COMPANY NAME					
ADDRESS					
ACCOUNT #		PHONE			
CONTACT PERSON					

Have you had prior accounts with MeriCap Credit Corporation? Yes No (Circle One)



COMMERCIAL CREDIT APPLICATION
Commercial Vehicle Application

INSURANCE INFORMATION

INSURANCE COMPANY		INSURANCE AGENT	
DEDUTIBLE AMOUNT	\$	AGENT PHONE NUMBER	
POLICY EXPIRATION DATE			

TRANSACTION DETAIL

EQUIPMENT DESCRIPTION :

SELLING PRICE:	\$
TAXES:	\$
NET TRADE-IN (complete below):	\$
CASH DOWN PAYMENT:	\$
TOTAL DOWN PAYMENT:	\$
AMOUNT TO FINANCE:	\$
TERM REQUESTED: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> OTHER	TAX EXEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> FINANCE <input type="checkbox"/> LEASE (CAPITAL) <input type="checkbox"/> LEASE (OPERATING) <input type="checkbox"/> LEASE (TRAC)	RESIDUAL % or \$

To expedite the transaction, attach a copy of the dealer's sales order with this application.

Describe trade-in: (Year, Make, Model, balance owing, lender owing to, etc.)

The undersigned individual(s) certifies the following: (1) the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit; (2) Dealer and MeriCap Credit Corporation ("MeriCap"), jointly or separately, are authorized to investigate and verify any information provided and to make inquiry of references, other creditors or lessors as to credit worthiness; (3) applicant(s), guarantor(s), owners, principals, named above, (hereafter referred to as "Customer") and/or any individual whose name appears on the application explicitly authorizes any consumer reporting agency and other individuals to provide credit information to Dealer and MeriCap for use in connection with the transaction. Dealer, MeriCap and joint users of such information are authorized to receive, exchange and to update such credit information as appropriate during the term of the transaction. MeriCap will require proof of identity as required under the USA Patriot Act. I hereby consent to receive telephone, cell phone, e-mail or faxed communications from MeriCap. You hereby authorize us to share your information for marketing purposes. You must provide us written notification that you do not want us not to share your information (except transactional or experience information). Please direct your request to MeriCap Credit Corporation, ATTN: Chief Risk Officer, 1415 West 22nd Street, Suite 550E, Oak Brook, Illinois 60523 (please include your social security number).
NOTE: You have the right to a written statement of the specific reasons for the denial, if your application is declined. Please contact MeriCap Credit Corporation (Credit Department) 1415 West 22nd Street, Suite 550E, Oak Brook, IL 60523 within 60 days from the date you are notified of our decision for a written statement. A written statement of decline reasons will be sent to you within 30 days of receiving your request. The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, religion, national origin, color, sex, marital status, age or other discriminating basis. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicant(s) and/or any guarantor(s) have read and agree to the above ECOA consent and notice.

By:		By:	
Print Name:		Print Name:	