



1.800-932-2274

Phone: 610-558-3800

Fax: 610-558-1949

4 Hillman Dr. Suite 104

Chadds Ford, PA 19317

www.cagcorp.com

Your finance partner is

Brian Poole

bpoole@cagcorp.com

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.

DEALER / CONTACT Ken Wilson Ford Inc.		DEALER PHONE 800-537-7135		DEALER FAX 828-648-9876	
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		<input type="checkbox"/> LIMITED/CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> 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			DATE OF BIRTH		
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No			Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		
MORTGAGE INFORMATION					
How Long at present address? Years:		Months:		Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own your home?	
<input type="checkbox"/> Mortgage Company OR <input type="checkbox"/> 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
					<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
					<input type="checkbox"/> CHECKING <input type="checkbox"/> 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 <input type="checkbox"/> First <input type="checkbox"/> Additional <input type="checkbox"/> 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?					

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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?

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) 1 2 3 4 5

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.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____