

Volvo Financial Services

FINANCING APPLICATION

Email: dbartling@gtr.inc Phone: 618-345-0123
 Dealer: Gateway Industrial Power

Fax: (618) 343-7240
 Dealer Code: 5279D

Contact: Denise Bartling

Name of Borrower		Borrower is Individual/ DBA /Corp/ LLP/ LLC/ Partnership/ S-Corp/ Muni?			
Physical Address		City	State	Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)		City	State	Zip	
Year at current address	Federal I.D. # or Social Security #	Driver's Date of Birth		Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No How many years with CDL?	
Driver's License #	DL Expiration Date	DL State of Issuance	Is this the most recent license issued by your state of residency?		
Phone	Fax	Cell Phone	Email <		
Years in business ____ yrs. ____ mos.	Year Started:	Year Incorp: State Incorp:	Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Damage Deductible Amt:	
Tax Exempt?	Radius of Operations	State Garaged	MC Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide MC Number _____		
Annual Sales/Revenue:		Nature of Business/Haul Description:			
Would the equipment be rented or subleased:		Haul Haz Mat? If Haz Mat hauled, list type(s): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have prior industry experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		# of yrs driving experience (please complete "Company Hauling For" below) _____			
Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Outstanding Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Time Buyer/ Replacement/ Expansion?		# of power units owned:		# of trailers owned:	
*Owner Name (May be Same As Borrower if Individual)		% Owned	Date of Birth	Title	Social Security Number
Address		City	State	Zip	Phone
Owner Name/Co-Borrower/Guarantor		% Owned	Date of Birth	Title	Social Security Number
Address		City	State	Zip	Phone

*If more than 2 owners, please provide additional information on a separate page submitted with this application to include the ownership percentage, owner's names, address and phone number.

CREDIT REFERENCES

Bank Name	Account Number	Contact	Phone
Check all that apply: <input type="checkbox"/> Checking Acct. <input type="checkbox"/> Truck/Trailer Loans <input type="checkbox"/> Other Loans/Lines of Credit Avg Monthly Bank Balance			
Have you ever financed a truck before?	Do you own or operate other vehicles and/or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other equipment?		
Finance Reference	Collateral	Account Number	Contact Phone
Finance Reference	Collateral	Account Number	Contact Phone

WORK SOURCES

1. Company Hauling For	Products Hauled	How Long? _____ yrs. _____ mos.	Contact	Phone
2. Company Hauling For	Product Hauled	How Long? _____ mths _____ yrs	Contact	Phone

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Signature	Title	Date
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