



APPLICATION

Fax: (214) 269-8222
www.Cash4Truckers.com

COMPANY INFORMATION					
<i>Business Name</i>				<i>Date Established</i>	
<i>Street Address</i>				<i>MC Number</i>	
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Federal Tax ID Number</i>					
<i>Phone</i>		<i>Fax</i>		<i>Type of Business:</i> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation -- <input type="checkbox"/> "S" <input type="checkbox"/> "C" <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
<i>Email</i>		<i>Carrier Authority (check all that apply):</i> <input type="checkbox"/> Common <input type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Other`			
<i>Company Trucks</i>		<i>Owner Operators</i>		<i>Trailer Type (check all that apply):</i> <input type="checkbox"/> Dry Van <input type="checkbox"/> Refrigerated <input type="checkbox"/> Flatbed <input type="checkbox"/> Container <input type="checkbox"/> Other	
<i>Factor or finance accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <small>(If Yes, with whom)</small>		<i>Average Monthly Sales</i>		<i>Accounts Receivable</i>	
<i>Avg Invoice Size</i>					
<i>Pending liens/judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <small>(If Yes, explain)</small>		<i>Current on all taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <small>(If No, explain)</small>		<i>Ever file bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <small>(If Yes, date)</small>	

OWNERS - IMPORTANT INFORMATION

I hereby certify that all information provided on this Application is accurate and complete to the best of my knowledge. I authorize Advance Business Capital LLC ("ABC") to procure credit reports, verifications and other information which, in its sole discretion, is deemed appropriate for completing its credit evaluation. I further provide continuing authorization for any person or business to release any and all credit reports or verifications to ABC.

<i>Full Legal Name</i>		<i>Position</i>		<i>Ownership Percent</i>	
<i>Home Address</i>		<i>Date of Birth</i>		<i>Social Security Nbr.</i>	
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Signature</i>		<i>Phone - Home</i>		<i>Phone - Cell</i>	
<i>Signature</i>		<i>Date</i>			
<i>Full Legal Name</i>		<i>Position</i>		<i>Ownership Percent</i>	
<i>Home Address</i>		<i>Date of Birth</i>		<i>Social Security Nbr.</i>	
<i>City</i>		<i>State</i>		<i>Zip</i>	
<i>Signature</i>		<i>Phone - Home</i>		<i>Phone - Cell</i>	
<i>Signature</i>		<i>Date</i>			

Please attach separate pages for additional owners, organizational documents &/or drivers licenses.

PLEASE USE THIS SPACE FOR ANY COMMENTS / EXPLANATIONS