



Advantage Funding

Transportation Financing & Leasing Specialists

1111 Marcus Avenue Ste. M27 Lake Success, NY 11042

Phone 718-392-1300 Fax 718-392-3933

VOCATIONAL TRUCK CREDIT APPLICATION

Advantage Funding
Sales Rep Name _____

Dealership Name _____
Contact Name _____
Contact Phone _____
Contact E-mail _____

CUSTOMER DATA

Today's Date _____ Business Start Date _____ Tax ID # _____ State of Incorporation _____

C Corp _____ S Corp _____ LLC _____ Partnership _____ Sole Proprietorship _____ Parent Company _____ Tax ID# _____

Legal Business Name _____ DBA Name _____

Business Address _____ City _____ State _____ Zip _____

Garage Address _____ City _____ State _____ Zip _____

Business Phone # _____ Fax # _____

Principal Owner Name (Guarantor 1) _____ Title _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell # _____ E-mail _____

SS# _____ Date of Birth _____ % Owned _____ Yrs. w/Co _____ Yrs. Experience _____

Guarantor Information (2)

Name _____ Title _____

Home Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ E-mail _____

SS# _____ Date of Birth _____ % Owned _____ Yrs. w/Co _____ Yrs. Experience _____

<u>Carrier Type</u>	<u>Segment</u>	<u>Business Type – Check One</u>				
National _____	LTL _____%	Expedited _____%	Tow	Mixer	Delivery	Material Hauling/Dump
Regional _____	Private _____%		Oil/Gas	Waste	HazMat	Other _____

Finance Information

Bank Name _____ Checking Account # _____ Contact Name _____ Tel # _____ E-mail _____

Bank Name _____ Checking Account # _____ Contact Name _____ Tel # _____ E-mail _____

Operating Line Limit \$ _____ Secured by Accounts Receivable? _____ Yes _____ No

All Assets Filing? _____ Yes _____ No Renewal Date _____

Credit References

Vehicle/Equipment Reference _____ Account # _____ Contact Name _____ Tel # _____

Vehicle/Equipment Reference _____ Account # _____ Contact Name _____ Tel # _____



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Insurance Information

Insurance Agency	Contact Name	Tel #	Physical Damage Deductible	Liability Coverage Amount
_____	_____	_____	_____	_____

Major Customers

Name _____	Freight Type _____	% of Revenue _____	How Long? _____ Yrs. _____ Mo.
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Name _____	Freight Type _____	% of Revenue _____	How Long? _____ Yrs. _____ Mo.
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Equipment Information

Current Fleet	Loan	Capital Lease	Operating Lease	Free & Clear Owned	Owner/Operators	Total
Trucks / Tractors	# _____	# _____	# _____	# _____	# _____	# _____
Trailers/Other	# _____	# _____	# _____	# _____	# _____	# _____
Trade Cycle	Tractors _____		Trailers _____			

Total number of units to be purchased _____ **of which #** _____ **are replacements and #** _____ **are additions to the fleet**

Transaction Structure

Retail _____ **TRAC Lease** _____ **Off Bal/TRAC** _____ **Requested Term** _____ (months) **Balloon/Residual %** _____ **or \$** _____

Is Business Seasonal? _____ **Yes** _____ **No** _____ **Inactive Months** _____ **Structure:** _____ **Equal Monthly** _____ **Skips** _____ **Skip Months** _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby certify that (a) all of the information contained herein or provided in connection with this Application is true and correct and accurately describes the financial condition of the customer(s) set forth above ("Customer(s)") as of the date hereof; and (b) I will notify Advantage Funding and their respective successors, transferees and assigns ("Creditor") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize Creditor and the dealer from whom the Equipment may be purchased ("Dealer") to make inquiry into, request, and receive information concerning my financial condition, including but not limited to obtaining a credit report and contacting any current or former creditors of Customer(s) ("Other Creditors") to verify any information contained herein or received in connection with this Application, which Creditor and/or Dealer deems relevant to the possible extension of credit to Customer(s) ("Information"). I also grant any such Other Creditors permission to release Information to Creditor and/or Dealer. I authorize Creditor to disclose Information as reasonably necessary to any affiliate, assigns or agent of Creditor in connection with the evaluation of the extension of credit. I hereby certify that I intend to use the purchased Equipment primarily for business or commercial purposes and not for personal, family or household use. The provisions of this paragraph shall remain in effect until Customer(s) pays Creditor in full for all outstanding indebtedness under all loans, leases or extensions of credit, if Creditor decides to grant credit to Customer(s).

Customer Name _____

Guarantor Name (1) _____

By _____

By _____

Title

Date _____

Date _____

Guarantor Name (2) _____

By _____

Date _____



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EQUAL CREDIT OPPORTUNITY ACT NOTICE

Advantage Funding Commercial Capital
Corp. 1111 Marcus Avenue, Suite M27
Lake Success, NY 11042

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Jeffrey Liebowitz, Credit Manager at 1111 Marcus Avenue, Suite M27, Lake Success, NY 11042, telephone number, 866-392-1300 ext. 783, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Customer Initials _____

Guarantor Initials _____