



Convoy Capital, LLC 2301 Morris Avenue, Suite 105, Birmingham, AL 35203 (281) 324-3065, fax 205-449-9768, rick@convoylease.com

Name* _____
Address _____ City _____ State _____ Zip _____ Date of Birth _____
Phone # _____ Cell Phone # _____ Fax # _____ Social Security # _____
Legal Entity Corporation Partnership Sole Proprietor LLC Other _____ Email Address _____
State of Formation _____ Date Established _____ # of Trucks Owned _____ # of Trailers Owned _____
What do you haul?: _____ Ever Filed for Bankruptcy? _____ (yes or no)
Number of years as owner operator/ownership _____ Number of years driving experience _____ Driver's License # _____

Co-Borrower

Name* _____ Drivers License# _____
Address _____ City _____ State _____ Zip _____ Date of Birth _____
Social Security # _____ Cell Ph # _____ Email address _____

Equipment to Finance

New/Used _____ Year _____ Make _____ Model _____ Vin# or Unit# _____ Cost \$\$ _____

Equipment to Trade-In

Tax Exempt? _____ (yes or no)

Make _____ Model _____ Lender _____ Vin # _____ Trade Allowance \$ _____ Payoff \$ _____

Personal Reference

Name* _____ Phone Number _____ Years Known _____

Address _____ City _____ State _____ Zip _____

Haul Reference

Table with 5 columns: Business, Material Hauled, Start Date, Contact Name, Phone. Includes two rows of blank lines for data entry.

Financing/Bank Information

Table with 5 columns: Bank Name, Act #, Type of Account, Contact Name, Phone. Includes two rows of blank lines for data entry.

*For individuals use full legal name (first, middle (name or initial) and last) exactly as it appears on government issued driver's license. The following authorization(s) shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original. The Business and Personal Authorizations set forth below are granted to Convoy Capital, LLC., or its designee (and any other affiliates, assignees or potential assignees thereof, collectively) and any unaffiliated bank, financial institution or other potential lender or lessee to which this Application is referred.

BUSINESS Credit Information: Authorization for Disclosure

By (Signature) X _____
Authorized Representative of Credit Applicant
Title _____
Name _____ Date _____

PERSONAL Credit Information: Authorization for Disclosure

Signature X _____
As Individual
Name _____ Date _____
Signature X _____
As Individual
Name _____ Date _____