

Express Credit Application

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|-------------------------------------------|--|---------------------------------|---------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| COMPANY INFORMATION | | | | | <input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corp | | |
| Legal Company Name and/or DBA: | | | | Time in Business: | | Yrs: Mos: | |
| Business Address | | City | | State/Zip | | County | |
| Business Office Phone: | | Home Office Phone: | | Cell Phone: | | Fax Number: | |
| Type of Industry for your company? | | # of Trucks and Trailers: _____ | | Yrs Driving Experience: | | Yrs as Owner Operator: | |
| | | | | Yrs: Mos: | | Yrs: Mos: | |
| Current company to haul for: (Contracted) | | | Phone Number: | | Contact Name: | | How long there? |
| | | | | | | | Yrs: Mos: |
| Previous Hauling Reference: (Contracted) | | | Phone Number: | | Contact Name: | | How long there? |
| | | | | | | | Yrs: Mos: |
| What product/materials do you haul: | | State/Region to Haul for: | | Buyer to drive: | | <input type="checkbox"/> Replacement | <input type="checkbox"/> Long Haul |
| | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Additional | <input type="checkbox"/> Short Haul |

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|---------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------|------|----------------|----------------|
| PERSONAL APPLICANT INFORMATION | | | | | | | |
| First Name | | Middle | Last | | SS#: | % Ownership | Date of Birth: |
| Marital Status: | Spouse Name | | | Social Security Number: | | Date of Birth: | |
| Home Address | | City | | State/Zip | | County | |
| How long at this add? | Time in the area? | Homeowner? | | | | | |
| Years: | Years: | <input type="checkbox"/> Yes <input type="checkbox"/> No If no, rent amount? \$_____ .00 | | | | | |
| Have you ever filed for Bankruptcy? | | Have you ever had foreclosure? | | Have you ever had a vehicle repossessed? | | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ | | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ | | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? _____ | | | |
| Name of Nearest Relative not Living with you: | | Address | | City/State/Zip | | Phone | Relation |

| | | | | | | | | | |
|-------------------------------------------------------------------------------------|-------|---------|-------|--|--------------------------|--|--------------------------|--------------------------|--------------------------|
| BANKING INFORMATION – If more than one checking /savings account please list | | | | | | | | | |
| Bank Name | Acct# | Contact | Phone | | I have multiple account? | | SV | CK | CD |
| | | | | | Yes No | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|-------------------------------------------------------------------------------------|-------|---------|-------|
| EQUIPMENT LOANS/LEASES - Where your truck(s) and trailer(s) were financed at | | | |
| Finance Company | Phone | Contact | Acct# |
| Finance Company | Phone | Contact | Acct# |

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| EQUIPMENT INFORMATION | |
| DEALER NAME/PHONE NUMBER/CONTACT: _____ | |
| <input type="checkbox"/> NEW <input type="checkbox"/> USED EQUIPMENT INFO: _____ Cost: _____ | |
| <p><small>By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Liberty Capital Group, Inc. and/or, Equipment Ready or its Designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, either electronically or manually and that by submitting this application, I take full responsibility for transmission thereof. A photo static or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. Once Liberty Capital Group has approved and documented the lease or loan transaction and if Applicant cancels said transaction through no fault of Liberty Capital Group, then all advances and/or security deposits shall have been deemed earned. Applicant agrees that Liberty Capital Group shall be entitled to retain said advances or security deposits as liquidated damages for loss of a bargain and not as a penalty, it being agreed that said advances or security deposits shall be deemed reasonable as Liberty Capital Group's lost profit on a transaction that was wrongfully cancelled by Applicant. I also consent to receiving unsolicited faxes and email wherein the involved agency will advocate its services. I acknowledge my rights under the Fair Credit Reporting Act and The Patriot Act which now requires two forms of Identification and Date of Birth.</small></p> | |
| Signature: _____ | Date: _____ |
| Signature: _____ | Date: _____ |

Please fax completed application to ER-Rebate Promo* at 619-272-4261

7007 Osler St. San Diego, CA 92111 | Ph: 888-798-3976 | Fax: 619-819-9974