

TOWING CREDIT APPLICATION

123 SW Columbia St, Bend, OR 97702



A·P EQUIPMENT
FINANCING

Full Legal Business Name	DBA	Business Phone #	# of Employees				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Business E-mail:	Business Fax #	Years in Business:	Tax ID #	Fleet Size:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Physical Address	City	State	ZIP				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Mailing Address, if different from above	City	State	ZIP				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Contact:	Contact Title:	Corporation	LLC	Partnership	Sole Proprietorship	Non-Profit	Start-Up
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION ON OWNERS/OFFICERS/GUARANTORS

Name:	Title:	Ownership %				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Social Security Number:	Date of Birth:	E-mail:	Mobile Phone:	Home Ownership	Own	Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Address	City	State	ZIP			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Name:	Title:	Ownership %				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Social Security Number:	Date of Birth:	E-mail:	Mobile Phone:	Home Ownership	Own	Rent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Address	City	State	ZIP			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

FINANCIAL HISTORY

Last Year's Gross Revenue (Best Guess)	Ever File for Bankruptcy? (If no, leave section blank)	Business	Personal
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top 2 Sources of Business - Name:	<input type="text"/>	<input type="text"/>	

EQUIPMENT

Replacement	Expansion	Request Type:	Loan	TRAC Lease	EFA	Term Requested:	36	48	60	72	84
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Description:	Equipment Cost:										
<input type="text"/>	<input type="text"/>										
Vendor/Supplier:	Contact:	Phone:									
<input type="text"/>	<input type="text"/>	<input type="text"/>									

By signing below adjacent to his or her name each individual listed below (an "Individual") affirms that he/she is a principal and/or potential personal guarantor of the above-named applicant and/or applicants' affiliates (collectively the "Applicant") and each Individual hereby requests and authorizes Allegiant Partners Incorporated and its designees, assignees and potential assignees (each a "Creditor") to investigate and review Applicant's commercial credit applications for loan or lease financing. Each Individual represents that all information provided or to be provided directly or indirectly by it or by Applicant to Creditor is true and complete and each Individual acknowledges that Creditor may evaluate Applicant's application based in part on an Individual's personal credit profile and financial condition. Each Individual hereby requests and authorizes the release and review of his/her personal credit information from all sources in connection with any credit request or application submitted by or on behalf of Applicant. The authorized release of such credit information shall extend to obtaining personal credit profile reports (as may be defined by the Fair Credit Reporting Act), financial account information and tax returns by Creditor for its review and consideration of the Applicant's requests for credit, and may thereafter continue for the permissible purposes of updating, reviewing, considering, extending and collecting on any resulting loan and/or lease requests and accounts which shall be approved, declined and enforced at the sole discretion of Creditor. Each Individual confirms his or her identity and agrees that a facsimile or a faxed, scanned, electronic and/or photo copy of this authorization can be introduced as evidence by Creditor for all purposes.

Authorized Signature:	Date:
<input type="text"/>	<input type="text"/>
Authorized Signature:	Date:
<input type="text"/>	<input type="text"/>

Your Representative: Ryan Whitehead · rwhitehead@apfinancing.com · P: 925.607.5570 · F: 509.559.7779
Your Representative Assistant: Courtney Shewmaker · cshewmaker@apfinancing.com · P: 541.588.7057 · F: 509.559.7779

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