

FITZGERALD TRAILER SALES, LLC

1225 LIVINGSTON HWY

BYRDSTOWN, TN 38549

Phone: (931) 864-4885

Fax: (931) 901-1237

SALESPERSON:

IS THIS LOAN FOR A COMPANY OR PERSONAL? COMPANY PERSONAL

COMPANY INFORMATION: (If applying for personal, please skip to Pg. 2)

COMPANY NAME: _____ TAX ID# _____

BUSINESS PHYSICAL ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: (If different from Physical) _____

BUSINESS PHONE: (____) _____ FAX: (____) _____

OF YEARS IN BUSINESS?: _____ # OF YEARS AS AN OWNER/OPERATOR?: _____

WHAT DO YOU PRIMARILY HAUL?: _____

MC# (if applicable): _____ # OF TRACTORS CURRENTLY OWNED: _____ # OF TRAILERS: _____

HAUL REFERENCES: (Please provide references of customers you have hauled for in the past.)

NAME OF COMPANY	PHONE NO.	CITY/STATE	ADDRESS	CONTACT PERSON

CREDIT REFERENCES (Open & Paid Out)

FINANCED WITH	PHONE NO.	CITY/STATE	ACCOUNT NO.	CONTACT PERSON

GUARANTOR INFORMATION: (When applying for a company loan, a guarantor must be provided.)

NAME: _____ WHAT IS YOUR TITLE IN THE BUSINESS? _____

PHONE: _____ SOCIAL SECURITY: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PERSONAL INFORMATION: (For personal loan)

NAME: _____ CO-APPLICANT: _____

PHYSICAL ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ FAX: (____) _____

SOCIAL SECURITY # (SELF): _____ (CO-APPLICANT): _____

DATE OF BIRTH: (SELF): _____ (CO-APPLICANT): _____

EMAIL ADDRESS: _____

NO. OF YEARS AS AN OWNER/OPERATOR: _____ NO. OF YEARS AS A DRIVER ONLY: _____

NO. OF TRACTORS CURRENTLY OWNED: _____ NO. OF TRAILERS: _____

WHAT DO YOU PRIMARILY HAUL?: _____

HAUL REFERENCES: (Please provide references of companies you have hauled for in the past.)

NAME OF COMPANY	ADDRESS	CITY/STATE	PHONE NO.	CONTACT PERSON

CREDIT REFERENCES: (Open & Paid Out)

FINANCED WITH	PHONE NO.	CITY/STATE	ACCOUNT NO.	CONTACT PERSON

Information on Trailer you are applying for:

YEAR _____ MAKE _____ MODEL _____

SALES PRICE? \$ _____

DOWN PAYMENT AMOUNT BEING OFFERED = \$ _____

IS THIS A REPLACEMENT UNIT? _____

Fitzgerald Trailer Sales, LLC may receive from and disclose to other persons, including credit reporting agencies, information about the applicant's account and credit experience. Applicant authorizes any person to release to Fitzgerald's credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by Fitzgerald Trailer Sales LLC or any person requested to release such information to Fitzgerald Trailer Sales, LLC.

I certify that the information stated in this application is true and correct. I understand that you will retain this application whether or not it is approved. You and/or entities to whom you refer this application are authorized to check my credit and employment history, obtain insurance information and to answer questions about your credit experience with me. I authorize you and/or entities to whom you refer this application to contact my creditors and authorize any creditor so contacted to release to you such credit information as you may request. I further authorize you and/or entities to whom you refer this application to share this application and my information, including credit bureau reports and credit references, with potential purchasers or assignees of transactions that result from this application.

By: _____ Date: _____ By: _____ Date: _____
Applicants signature and title Co-applicants signature and title