



Joe Fiore
 PHONE (866) 634-7786
 FAX (866) 934-7789
 CELL (201) 396-1517
 EMAIL: joef@firstfinllc.com

CREDIT APPLICATION

BUSINESS TYPE: (CHECK ONE) PROPRIETORSHIP PARTNERSHIP CORPORATION LLC LLP

COMPLETE LEGAL BUSINESS NAME			
NATURE OF BUSINESS		FEDERAL ID #	YEARS IN BUSINESS
MAILING/BUSINESS ADDRESS		CITY	STATE ZIP COUNTY
PHONE	FAX	CELL	
EMAIL	LOCATION OF WHERE EQUIPMENT IS KEPT (IF DIFFERENT THEN ABOVE)		
INSURANCE AGENT		AGENT'S PHONE NUMBER	
ANNUAL SALES _____		BUSINESS NET INCOME _____ BUSINESS NET WORTH _____	
GUARANTOR 1. Full Name	SOCIAL SECURITY #	% OWNED	HOME ADDRESS
Have you ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the discharge date? _____			Are you a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No
GUARANTOR 2. Full Name	SOCIAL SECURITY #	% OWNED	HOME ADDRESS
Have you ever filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the discharge date? _____			Are you a homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No
BANK / MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE #	CONTACT PERSON
BUSINESS			
BUSINESS			
TRADE REFERENCES	ACCOUNT # / TELEPHONE # / CONTACT		
BUSINESS LOAN REFERENCE	ACCOUNT # / TELEPHONE # / CONTACT		
TRUCKING			
Are you an Owner-Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driving Experience _____ yrs.	Product being hauled _____	<input type="checkbox"/> Long Haul <input type="checkbox"/> Regional <input type="checkbox"/> Local Hauling
		HAULING REFERENCE (IF APPLICABLE) _____	HOW LONG? _____
EQUIPMENT			
1. SUPPLIER	ADDRESS	CONTACT	TELEPHONE
TYPE OF EQUIPMENT	NEW / USED	COST OF EQUIPMENT	DO YOU PLAN TO PUT MONEY DOWN <input type="checkbox"/> Yes AMOUNT _____ <input type="checkbox"/> No

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process, and, if necessary, any collection actions to be taken on the account. The undersigned waives any right or claim they would otherwise have under Fair Credit Report Act in the absence of this continuing consent.

I hereby authorize our banks, trades, and personal credit bureaus to release credit information to First Financial LLC and/or its assignees.

X _____
SIGNATURE