

APPLICATION

COMPANY INFORMATION

LEGAL COMPANY NAM	E		ADDF	RESS				E-MAIL	ADDRESS
CITY	COUNTY	STATE	ZIP		PHONE FAX		FAX	X	
PERSON TO CONTACT	T		TITLE	3	YEAR STARTED		YEAR INCORPORATED		
CHECK ONE: () CORPORATION, () PARTNERSHIP, () SOLE PROPRIETORSHIP			PRIETORSHIP	FEDERAL TAX ID NO. US DOT 1		OT NO.	MC/MX NO.		
1. PRINCIPAL OWNER NAME (PLEASE SIGN BELOW) % OF OWNERSHIP			NERSHIP	TITLE	SOCIAL SECURITY NUMBER				
ADDRESS COUNTY				DOB	CITY	STAT	ГE	2	ZIP
2. PRINCIPAL OWNER NAME (PLEASE SIGN BELOW) % OF OWNERSHIP			NERSHIP	TITLE	SOCIAL SECURITY NUMBER				
ADDRESS COUNTY				DOB	CITY	STAT	ΓE	2	ZIP
BRIEF HISTORY OF COMPANY									

CREDIT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT	PHONE
			()
FINANCE COMPANY	ACCOUNT NUMBER	CONTACT	PHONE
			()
FINANCE COMPANY	ACCOUNT NUMBER	CONTACT	PHONE

INSURANCE INFORMATION

COMPANY NAME	AGENT NAME	PHONE ()
CURRENT FLEET DATA (ATTACH EX	FRA LIST IF NEEDED)	

YEAR MAKE MODEL OWNED LEASE LIENHOLDER Image: Image:

REASON FOR ADDITIONAL OR REPLACEMENT COACH(ES) (eg: contract, new business, etc.)

INFORMATION TO INCLUDE WITH APPLICATION

() 2 YEARS CORPORATE TAXES AND FINANCIAL STATEMENTS () 2 YEARS PERSONAL TAXES () PERSONAL FINANCIAL STATEMENT

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION GIVEN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ABC AND ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS PART OF SAID INVESTIGATION AND FURTHER AUTHORIZES THE DISSEMINATION OF INFORMATION TO ALL PARTIES NECESSARY IN ORDER TO PROCESS THIS APPLICATION.

SIGNATURE OF OWNER	TITLE	DATE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. If application for credit is denied, applicant may, within 60 days of being notified of the adverse action, submit a written request for the reasons for the denial and the reasons will be furnished in writing within 30 days of receipt of applicant's request. Submit request to ABC Financial Services, 1506 30th Street NW, Faribault, MN 55021.