

IMPORTANT: Please fill out all information required

9901 IH. 10 West #800, San Antonio, TX 78230

Phone: (210) 558-2842 Fax: (210) 568-2114

Email: info@swcreditlender.com Website: www.swcreditlender.com

Financing Application

Business Information								
Company Name: (If proprietorship, name the individual followed by assumed company or business name.)								
Company Add	ress:							
City:		State:		Zip:		County:		
Phone:		Fax:		Website:				
D&B:					Fed. Tax ID:			
Date Establish	ed:	Date Incorporated	State Inc.	Permanent	Employees:	Annual Gross	Sales:	
Contact: Phone:			Email:					
# of Tractors		# of Trailers	Owner Ops(Add	d. Tractors)	Total Direct Drivers	Carrier Authority (Yes or No)		
Paid for # Tractors		# Paid for Trailers	Financed # Tractors		Financed # Trailers	Broker of Cargo as well?		
Long Haul?		Short Haul?		How Long as Ov	wner Operator?			
Replace Equipment				Adding Equipment				
Gross Mo. Income/truck				Cash out of paid for equipment?				
Hauling Ref (1)				casii cat si pai	a rot equipment.			
Hauling Ref (2)								
Customers List								
Guarantor Information								
Name:			Title:			Ownership%		
SS#:		Date of Birth:	THEIC	DL#:		State:		
Home Address:								
Home Phone:			Cell Phone:			Married?		
Home owner-yes or No?				E mail				
If renting, how long there?				How Long with	CDL license?			
Spouse's		Date of Birth:		SS#:				
E Mail:				Phone:				
Note: If more than one owner, or co-signer-please provide all of their credit info in an additional application								
Paid for Equipment								
Equipment Description			Number of Units		Estimated Market Value		Year	
de la company								
Authorization	To Obt	tain Credit						
Authorization To Obtain Credit								
By signing below, each undersigned individual who is either a principal of the finance / lease applicant herein or a personal guarantor of the applicant's obligations, hereby authorizes Lender/Lessor or its Designee (and any Assignee or Potential Assignee thereof) to request and review applicant's credit report for the purposes of considering this application. A photocopy or facsimile of this authorization shall be valid as the original. In addition to authorizing review of applicant's credit report from any national credit bureau, the undersigned also authorizes applicant's financial institutions and creditors to release credit information required by Lessor/Lender or its Designee (and any Assignee or Potential thereof). Finally, applicant authorizes Lessor/Lender to conduct a general background check of applicant or applicant's principals.								
Company Nam	ie:		Cignoture			Data		
Print Name:			Signature:			Date:		
Print Name:								
PLEASE SIGN, FAX OR E MAIL COPY FOR DOCUMENTATION. Include Eq. Quote with full specifications								