



Company Data

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Applicant Information

Owner Name:

Street Address:

City, State, Zip:

Phone Number:

1. Have you worked with Zip's Truck Equipment in the past? If so, who have you worked with?
2. Why are you starting this business? What services will you be providing?
3. Who will be running this business? Please provide the names and titles.
4. What type of business entity will this be? Are there any shareholders?
5. Where is the location of your business?
6. What experience do you have that will help you be successful?
7. What skills do you have that will make you and your business successful?

8. What are your 5, 10 and 15-year goals for the business?
  
9. What market do you plan on targeting? How will you reach this market?
  
10. What competitive advantages does your business offer?
  
11. How will you be funding the creation of your new business?
  
12. What other resources do you have to fall back on if your business does not produce profits as quickly as you project?
  
13. How did you determine the right equipment for your business?
  
14. Please describe any past or personal credit/financial problems you may have had. How were these issues resolved?
  
15. Please add any other pertinent information that may be helpful in approving credit for your business.
  
16. Do you have a business plan? If so, please attach and send it back with this completed form.