



Zip's Truck Equipment Inc. | PO Box 511 | New Hampton, IA 50659 | P: 800-222-6047 | F: 800-828-9678 | E: zips@zips.com

**COMMERCIAL FINANCE/LEASE APPLICATION (CONFIDENTIAL INFORMATION)**

**Company Information**

|   |               |                |                   |  |
|---|---------------|----------------|-------------------|--|
| COMPANY NAME  |               | ADDRESS        |                   |  |
| PERSON TO CONTACT   | TITLE         | CITY/STATE/ZIP |                   |  |
| FEDERAL ID #  | EMAIL ADDRESS | BUSINESS PHONE | FAX               |  |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP |               | YEAR STARTED   | YEAR INCORPORATED |  |

**Personal Credit Information - Required for Guarantee**

|   |           |  |                   |  |
|---|-----------|--|-------------------|--|
| 1. PRINCIPAL/OWNER NAME/TITLE   |           | PERCENT OWNED  | RESIDENCE ADDRESS | OWN HOME?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |
| SOCIAL SECURITY NUMBER  | BIRTHDATE | PHONE NUMBER   | CITY/STATE/ZIP    | CITIZENSHIP:<br><input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____ |
| IS PRINCIPAL 1 GOING TO BE A GUARANTOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |           | IF YES, HAS PRINCIPAL 1 EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ |                   |  |

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor. X \_\_\_\_\_

|   |           |  |                   |  |
|---|-----------|--|-------------------|--|
| 2. PRINCIPAL/OWNER NAME/TITLE   |           | PERCENT OWNED  | RESIDENCE ADDRESS | OWN HOME?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |
| SOCIAL SECURITY NUMBER  | BIRTHDATE | PHONE NUMBER   | CITY/STATE/ZIP    | CITIZENSHIP:<br><input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____ |
| IS PRINCIPAL 2 GOING TO BE A GUARANTOR?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |           | IF YES, HAS PRINCIPAL 2 EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____ |                   |  |

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor. X \_\_\_\_\_

**Current Fleet Data: (List additional trucks & equipment on separate sheet)**

| YEAR/MAKE/MODEL | BODY | WHERE FINANCED | AMOUNT OWED | YEARS IN SERVICE |
|-----------------|------|----------------|-------------|------------------|
|                 |      |                |             |                  |
|                 |      |                |             |                  |

**Equipment/Vehicle to be Financed/Leased**

|   |      |   |      |                         |
|---|------|---|------|-------------------------|
| YEAR/MAKE/MODEL   | BODY | VENDOR  | COST | EXPECTED ANNUAL MILEAGE |
|   |      |   |      |                         |
| <input type="checkbox"/> ADDITION TO FLEET  |      | <input type="checkbox"/> REPLACEMENT TO FLEET |      |                         |
| TYPE OF TRANSACTION: <input type="checkbox"/> LEASE <input type="checkbox"/> FINANCE <input type="checkbox"/> UNDECIDED |      | REQUESTED TERM:                               |      |                         |

**Trade References**

| TRADE REFERENCE NAME | CONTACT NAME | CITY/STATE | PHONE NUMBER |
|----------------------|--------------|------------|--------------|
| 1.                   |              |            |              |
| 2.                   |              |            |              |

**Credit Information**

| BANKING INSTITUTION | ACCOUNT # | ACCOUNT TYPE | OFFICER CONTACT | PHONE NUMBER |
|---------------------|-----------|--------------|-----------------|--------------|
| 1.                  |           |              |                 |              |
| 2.                  |           |              |                 |              |

**Insurance Agent Information**

|      |       |         |
|------|-------|---------|
| NAME | PHONE | ADDRESS |
|      |       |         |

**Credit Information Release:**

I/We certify that the above information given for credit purposes is true and correct and authorize the firm or its agents to whom this application is made and any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying the application, I/We authorize all parties contacted to release credit and financial information requested as part of said investigations. If required, I/We will make available all necessary financial & tax information.

|                      |        |       |
|----------------------|--------|-------|
| APPLICANT:           | TITLE: | DATE: |
|                      |        |       |
| APPLICANT:           | TITLE: | DATE: |
|                      |        |       |
| GUARANTOR SIGNATURE: | NAME:  | DATE: |
|                      |        |       |
| GUARANTOR SIGNATURE: | NAME:  | DATE: |
|                      |        |       |