



# Application for Financing

TRANSPORTATION

Application Date: \_\_\_\_\_  
 Business Development Officer: \_\_\_\_\_  
 How did you learn about Crestmark?: \_\_\_\_\_

## COMPANY INFORMATION

|                                                      |                    |                                          |                  |
|------------------------------------------------------|--------------------|------------------------------------------|------------------|
| Legal Name:                                          |                    | Fed ID #:                                |                  |
| DBA:                                                 |                    | Prior Name(s) including merged entities: |                  |
| Address:                                             |                    | City:                                    | State: ZIP Code: |
| Phone:                                               | Fax:               | County/Parish:                           | Website:         |
| Mailing Address<br><i>(if different from above):</i> |                    | City:                                    | State: ZIP Code: |
| DAILY CONTACT PERSON Name:                           |                    | Title:                                   |                  |
| Phone:                                               | Mobile:            | Email:                                   |                  |
| MC Number:                                           | USDOT #:           | Type Authority:                          |                  |
| # Company Trucks:                                    | # Owner/Operators: | # Trailers/Type:                         |                  |

### BUSINESS DESCRIPTION:

FORM OF BUSINESS:  Sole Proprietor  Partnership  Limited Partnership  LLC  Corporation Date Established: \_\_\_\_\_

STATE or JURISDICTION OF INCORPORATION / ORGANIZATION: \_\_\_\_\_

OTHER LOCATIONS *(attach additional sheets if necessary):* \_\_\_\_\_

Business/Principals current on all taxes?:  Yes  No If no, please explain: \_\_\_\_\_

Outstanding Merchant Cash Advances?:  Yes  No If yes, with whom: \_\_\_\_\_ Balance owed: \_\_\_\_\_

Bankruptcy filings (company or any principals)?:  Yes  No If yes, which type(s) and date(s): \_\_\_\_\_

Any current or prior security interests or liens, judgements, suits, criminal charges/convictions, legal proceedings, regulatory actions against company, or principals /shareholders/officers?:  Yes  No *If yes, please explain:* \_\_\_\_\_

Are all owners (including shareholders) and officers/directors U.S. Citizens, or have the legal right to be in the United States?  
 Yes  No *If not, please provide Photocopies of your Passport; and also your Work VISA or Permanent Resident Card (Form I-551) with this Application*

Has company been involved in a merger or acquisition within the last two (2) years?  Yes  No *If yes, please provide copy of purchase/sale agreement.*

Please provide names of all entities either owned or operated by primarily same principals for last two (2) years: \_\_\_\_\_

## PRINCIPALS & SHAREHOLDERS *(Attach additional sheets if necessary)*

OWNERSHIP MUST TOTAL 100%

|                                                                                                                                          |                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal):</i>                                                                                                                | Title:                                                                           | % Ownership:                                                                                                |
| Home Address:                                                                                                                            | City:                                                                            | State: Zip Code:                                                                                            |
| Phone:                                                                                                                                   | Mobile:                                                                          | County:                                                                                                     |
| Date of Birth:                                                                                                                           | Social Security #:                                                               | Email Address:                                                                                              |
| Valid Drivers License Number and State,<br>or Valid Passport Number:                                                                     | United States Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also<br>Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                                                                                  |                                                                                                             |

|                                                                                                                                          |                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal):</i>                                                                                                                | Title:                                                                           | % Ownership:                                                                                                |
| Home Address:                                                                                                                            | City:                                                                            | State: Zip Code:                                                                                            |
| Phone:                                                                                                                                   | Mobile:                                                                          | County:                                                                                                     |
| Date of Birth:                                                                                                                           | Social Security #:                                                               | Email Address:                                                                                              |
| Valid Drivers License Number and State,<br>or Valid Passport Number:                                                                     | United States Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also<br>Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                                                                                  |                                                                                                             |

## ACCOUNTS RECEIVABLE INFORMATION

|                                     |                                      |               |                   |
|-------------------------------------|--------------------------------------|---------------|-------------------|
| Total # Customers:                  | # of Domestic:                       | # of Foreign: | Open Invoices: \$ |
| List Foreign: _____                 |                                      |               |                   |
| Number of invoices per month: _____ |                                      |               |                   |
| Average Invoice Size: \$            | Average # Days Invoices Outstanding: |               |                   |
| Annual sales: \$                    | Anticipated Monthly Financing: \$    |               |                   |

**ACCOUNT DEBTORS** Please provide the following information on your top five account debtors, based on sales volume.

| Company Name | Contact Name | Home Office Address | Home Office Phone | Credit Needed |
|--------------|--------------|---------------------|-------------------|---------------|
| 1            |              |                     |                   |               |
| 2            |              |                     |                   |               |
| 3            |              |                     |                   |               |
| 4            |              |                     |                   |               |
| 5            |              |                     |                   |               |

**PLEASE ATTACH THE FOLLOWING ITEMS WITH YOUR BUSINESS APPLICATION**

- Corporate Balance Sheets and Profit & Loss Statements (2 year-ends and most recent interim statement)
- Most recent Detailed Accounts Receivable Aging & Accounts Payable Aging
- Clear Photocopy of Valid Driver's License or Valid Passport

I hereby certify that all information contained in this application is correct. I hereby authorize Crestmark, its subsidiaries, its designated agents or assigns to conduct any investigation it sees fit as to the creditworthiness of the company and all principals individually by utilizing any credit reporting agency as and when needed, and to file the appropriate financing statements pursuant to the Uniform Commercial Code or applicable legislation, describing the collateral as all assets of the Debtor or similar language. I understand that the contents of said investigation and any ensuing reports will be, and remain, confidential. Without limiting the generality of the foregoing, I hereby authorize Crestmark, its subsidiaries, agents and assigns to use, collect and disclose the foregoing information for the purposes stated herein. Crestmark will take reasonable precaution to safeguard such information to prevent it from theft, loss, or unauthorized disclosure. Crestmark will keep such information for as long as necessary to provide the financing contemplated herein and in accordance with its Privacy Policy. For any questions regarding Crestmark's Privacy Policy, or if I wish to rectify any information provided to Crestmark, I may contact Crestmark at any telephone number appearing herein.

**USA PATRIOT ACT NOTIFICATION – The following notification is being provided to you pursuant to Part 326 of the USA Patriot Act of 2001, 31 CFR 103.121(b)(5):**  
**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, including any deposit account, loan, lease, or extension of credit, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Sign Individually, with Title:** Please have all principals sign below; attach additional sheets if necessary.

|                                   |                            |                      |
|-----------------------------------|----------------------------|----------------------|
| _____<br><i>Signature / Title</i> | _____<br><i>Print Name</i> | _____<br><i>Date</i> |
| _____<br><i>Signature / Title</i> | _____<br><i>Print Name</i> | _____<br><i>Date</i> |



|                                                    |                                                             |                |                |
|----------------------------------------------------|-------------------------------------------------------------|----------------|----------------|
| <b>Corporate / East Division / Michigan Office</b> | 5480 Corporate Drive, Suite 350   Troy, MI 48098            | p 248.641.5100 | f 248.641.5101 |
| <b>East Division / Florida Office</b>              | 1500 Gateway Boulevard, Suite 250   Boynton Beach, FL 33426 | p 561.833.7006 | f 561.833.9968 |
| <b>West Division / Louisiana Office</b>            | 726 Highlandia Drive   Baton Rouge, LA 70810                | p 225.293.0711 | f 225.906.0309 |
| <b>West Division / California Office</b>           | 1301 Dove Street, Suite 1000   Newport Beach, CA 92660      | p 949.486.3409 | f 949.486.3408 |
| <b>Transportation Division Office</b>              | 800 Crescent Centre Drive, Suite 620   Franklin, TN 37067   | p 615.620.3500 | f 615.620.3510 |

**EQUAL OPPORTUNITY NOTICE:** 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: OFFICE OF THE COMPTROLLER OF THE CURRENCY, Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, TX 77010-9050.



# DECLARATION OF Beneficial Owner(s)

**Completion of this form is mandatory to meet federal regulations through the Financial Crimes Enforcement Network (FINCEN). Although some information may have been provided in the previous application section, the section below must be fully completed.**

The person opening a new account on behalf of a legal entity must fill and sign this form, providing the name, address, date of birth and Social Security number (or passport number or other similar information in the case of foreign persons) for the following individuals (i.e., the **beneficial owners**):

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

## COMPANY NAME:

## BENEFICIAL OWNER *(Beneficial Owners of 25% or more equity interest)*

|                                                                                                                                          |                         |                                                          |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal)</i> :                                                                                                               | Title:                  | % Ownership:                                             |                                                                                                          |
| Home Address:                                                                                                                            | City:                   | State:                                                   | Zip Code:                                                                                                |
| Phone:                                                                                                                                   | Mobile:                 | County:                                                  |                                                                                                          |
| Date of Birth:                                                                                                                           | Social Security #:      | Email Address:                                           |                                                                                                          |
| Valid Drivers License Number and State, or Valid Passport Number:                                                                        | United States Citizen?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                         |                                                          |                                                                                                          |

|                                                                                                                                          |                         |                                                          |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal)</i> :                                                                                                               | Title:                  | % Ownership:                                             |                                                                                                          |
| Home Address:                                                                                                                            | City:                   | State:                                                   | Zip Code:                                                                                                |
| Phone:                                                                                                                                   | Mobile:                 | County:                                                  |                                                                                                          |
| Date of Birth:                                                                                                                           | Social Security #:      | Email Address:                                           |                                                                                                          |
| Valid Drivers License Number and State, or Valid Passport Number:                                                                        | United States Citizen?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                         |                                                          |                                                                                                          |

|                                                                                                                                          |                         |                                                          |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal)</i> :                                                                                                               | Title:                  | % Ownership:                                             |                                                                                                          |
| Home Address:                                                                                                                            | City:                   | State:                                                   | Zip Code:                                                                                                |
| Phone:                                                                                                                                   | Mobile:                 | County:                                                  |                                                                                                          |
| Date of Birth:                                                                                                                           | Social Security #:      | Email Address:                                           |                                                                                                          |
| Valid Drivers License Number and State, or Valid Passport Number:                                                                        | United States Citizen?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                         |                                                          |                                                                                                          |

|                                                                                                                                          |                         |                                                          |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal)</i> :                                                                                                               | Title:                  | % Ownership:                                             |                                                                                                          |
| Home Address:                                                                                                                            | City:                   | State:                                                   | Zip Code:                                                                                                |
| Phone:                                                                                                                                   | Mobile:                 | County:                                                  |                                                                                                          |
| Date of Birth:                                                                                                                           | Social Security #:      | Email Address:                                           |                                                                                                          |
| Valid Drivers License Number and State, or Valid Passport Number:                                                                        | United States Citizen?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                         |                                                          |                                                                                                          |

## INDIVIDUAL WITH CONTROL *(Individual with significant responsibility for management and control of legal entity)*

Is this person a Principal/Shareholder?:  Yes  No    Is this person listed in one of the four entries above?:  Yes  No    *If yes, and the information has already been entered above, please provide the NAME only.*

|                                                                                                                                          |                         |                                                          |                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME <i>(full legal)</i> :                                                                                                               | Title:                  | % Ownership:                                             |                                                                                                          |
| Home Address:                                                                                                                            | City:                   | State:                                                   | Zip Code:                                                                                                |
| Phone:                                                                                                                                   | Mobile:                 | County:                                                  |                                                                                                          |
| Date of Birth:                                                                                                                           | Social Security #:      | Email Address:                                           |                                                                                                          |
| Valid Drivers License Number and State, or Valid Passport Number:                                                                        | United States Citizen?: | <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, provide Photocopies of your Passport; and also Work VISA or Permanent Resident Card (Form I-551) |
| Do you have an interest in any other businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i> |                         |                                                          |                                                                                                          |

**I hereby certify that, to the best of my knowledge, that the information provided above is complete and correct.**

Signature / Title

Print Name

Date