



Equipment Financing Application

Please print, using blue or black ink.

Promo code OR

B2B Member Number:

Description of Requested Equipment

Requested loan amount: \$ _____ Proposed repayment period: _____
 Description of equipment: _____

Company Profile

Company Name: _____ DBA (if applicable): _____
 Street Address: _____
 City / State / Zip: _____
 Mailing Address (if different): _____
 Phone: _____ Fax: _____ E-Mail: _____
 Tax ID Number: _____ ICC_FHWA Number: _____ DUNS Number: _____
 USDOT Number: _____ Year Established: _____

Type of Business

Proprietor Partnership LLC S-Corp Corporation Year Filed: _____ State: _____
 Common Carrier Contract Carrier

Owners/Officers/Guarantors (if there are more please include those on a separate sheet)

Name: _____ Title: Owner Ownership % _____
 Home Address: _____ City/State/Zip: _____ Own: Rent:
 Home Phone: _____ Social Security #: _____
 Date of Birth: _____ Place of Birth (state and country): _____
 Driver's License #: _____ State Issued: _____ Expiration: _____

Name: _____ Title: _____ Ownership % _____
 Home Address: _____ City/State/Zip: _____ Own: Rent:
 Home Phone: _____ Social Security #: _____
 Date of Birth: _____ Place of Birth (state and country): Texas, Hidalgo
 Driver's License #: _____ State Issued: _____ Expiration: _____

Name: _____ Title: _____ Ownership % _____
 Home Address: _____ City/State/Zip: _____ Own: Rent:
 Home Phone: _____ Social Security #: _____
 Date of Birth: _____ Place of Birth (state and country): _____
 Driver's License #: _____ State Issued: _____ Expiration: _____

Affiliated Entities

List any other entities affiliated with the company above:

Company Name	Type of Relationship	Owners	Loans to Company		Loan Balance
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Banking Information

List loan/financing relationships you may have:

Institution	Type	Balance	Collateral	Collateral Value

List any other banking relationships:

Institution	Account Type		Contact	Phone
	<input type="checkbox"/>	<input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		

Operational Information

Commodity Hauled:	<input type="checkbox"/> General	<input type="checkbox"/> Bulk	<input type="checkbox"/> Tank	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Other:
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Dispatch system used: _____ GPS tracking system used: _____

Employees / Contractors

Company drivers	Leased drivers	Maintenance	Administrative	Other	Total

Equipment	Owned	Leased	Total
Tractors			
Trailers			

Real Estate

List any office space / terminals the company owns or leases:

Description	Location	Lease or Own	
		<input type="checkbox"/> Lease	<input type="checkbox"/> Own
		<input type="checkbox"/> Lease	<input type="checkbox"/> Own
		<input type="checkbox"/> Lease	<input type="checkbox"/> Own
		<input type="checkbox"/> Lease	<input type="checkbox"/> Own

Other Information

Have you, this company, its officers or directors, or any affiliated companies ever:

- Been convicted of a felony? Yes No
 Filed bankruptcy or had a petition in bankruptcy filed against it? Yes No
 Made an assignment for the benefit of creditors Yes No
 Had a receiver appointed? Yes No
 Had or have a federal, state, county, or municipal lien/levy filed against it? Yes No
 Had any federal and/or state taxes past due? Yes No
 Been involved in or are currently engaged in, or threatened with any litigation? Yes No

Signatures

By executing this application, the undersigned person(s) certifies to the following: The information set forth in this application and in the documents, schedules, reports, statements, and/or other information provided to Apollo Lending and Investments with or pursuant to this application are full, true, correct, and complete and accurately reflect such information on the date(s) thereof; that Apollo Lending and Investments is authorized to request, receive, and verify credit reports and other financial information regarding applicant(s) and its owners/offices that Apollo Lending and Investments deems necessary and appropriate; that Apollo Lending and Investments is authorized to execute in the name of the undersigned person(s) and file against the undersigned person(s) in favor of Apollo Lending and Investments financing statements with respect to the undersigned person(s) assets; and that Apollo Lending and Investments is authorized to inquire of, investigate, confirm, and verify any information contained in this application, in any documents, schedules, reports, statements, and/or other information provided under or pursuant to this application, or learned by Apollo Lending and Investments as part of its investigation and review and the subsequent maintenance and review of any account opened as a result of this application.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authority: The undersigned hereby warrants that he/she is an authorized representative of the company and has the authority to sign this application on behalf of the Applicant. The undersigned understands and acknowledges that this authority will be relied upon by Apollo Lending and Investments for each and every instance Apollo Lending and Investments extends services to Applicant, and that Apollo Lending and Investments would not extend services to Applicant in the absences of this authority.

ALL INDIVIDUALS LISTED AS OWNERS, OFFICERS, OR GUARANTORS MUST SIGN THIS APPLICATION

Company Name: _____
Title: _____ Date: _____

Signature: _____
Name (print): _____
Title: _____ Date: _____

Signature: _____
Name (print): _____
Title: _____ Date: _____