



Access Capital Group, Inc.

Owner – Operator
CREDIT APPLICATION

PERSONAL APPLICANT INFORMATION

Applicant Name: First / Middle / Last
Social Security Number:
Marital Status:
Spouse or Co- Applicant Name & Social Security Number:
Street Address
City
State
Zip Code
County:
How long there?
Time in the area?
Homeowner?
Phone Number:
Fax Number:
Have you ever filed for Bankruptcy or had a vehicle repossessed?
Your e-mail address:

FINANCIAL INFORMATION - If more than one checking or savings account please list

Bank: Acct#: Phone: How Long CK SV CD
Bank: Acct#: Phone: How Long CK SV CD

EQUIPMENT LOANS/LEASES - Where your truck(s) and trailer(s) are financed

Lender: Phone: Contact: Account #
Lender: Phone: Contact: Account #

EMPLOYMENT - Complete your driving and/or operator information

Years Driving Experience: Years as Owner Operator: Business Phone: Cell Phone:
Your Current Business or DBA Name: # of Trucks/Trailers Owned: Reason: Buyer to drive:
Address if different then above: City State Zip Code Time in Business:
Company to Haul for: How long there? Phone Number: Contact:
Previous Hauling Reference: How long there? Phone Number: Contact:

EQUIPMENT INFO - Tell us about the equipment or fax us a quote with this application

DEALER NAME/PHONE NUMBER:
EQUIPMENT DESCRIPTION /UNIT #: COST \$ NEW USED Year:

The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Access Capital Group Inc. and / or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A fax copy of this will act as an original.

Signature Date Signature (2) Date

Please print, sign and fax this application to: 866.564.6600

Access Capital Group Inc. 28525 Beck Rd., Ste. 110, Wixom, MI 48393 Office: 248.596.1800



## Owner Personal Financial Statement

Name: _____	SSN: _____
Spouse (if joint): _____	SSN (if joint): _____
Home Address: _____	Home Phone: _____
City, State, Zip: _____	Business Phone: _____

### Assets

Cash in Bank Accounts	
Accounts/Notes Receivable	
Stocks/Bonds/Mutual Funds	
Real Estate (Market Value)	
Real Estate (Market Value)	
Automobiles Owned	
Equipment Owned	
Other Assets (Itemize):	
<b>Total Assets:</b>	

### Liabilities

Notes Payable	
Accounts Payable	
Credit Card Debt	
Mortgage(s)	
2 <sup>nd</sup> Mortgage(s)	
Automobile Loans	
Equipment Debt	
Other Liabilities (Itemize):	
<b>Total Liabilities:</b>	

<b>NET WORTH</b> (Subtract your total liabilities from total assets)	
--	--

### Income Information

Salary	
Commissions	
Dividends	
Real Estate Income	
Other	
<b>TOTAL INCOME:</b>	

### Contingent Liabilities

<b>TOTAL CONTINGENT:</b>	

The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Access Capital Group Inc. and / or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy or Fax of this release will act as an original.

_____ <i>Signature</i>	_____ <i>Date</i>	_____ <i>Spouse (if joint.)</i>	_____ <i>Date</i>
---------------------------	----------------------	------------------------------------	----------------------

**Please print, complete and faxed signed application to: 866.564.6600**

**Access Capital Group Inc. 28525 Beck Rd., Ste. 110, Wixom, MI 48393 Office: 248.596.1800**