



BUSINESS INFO.

Full Legal Company Name:	Office Ph:	Year Business Started:
Trade Name or DBA:	Fax #:	No. of Employees:
Street Address	Business Structure: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>	
City, State, Zip:	CA#	DOT#

OWNER / PRINCIPAL

<u>Owner 1</u> – Name:	Title:	Social Security No.:	% Ownership:
Home Address:		HomePh:	Homeowner: Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State	Zip:	Cell Ph:	Drivers License:
<u>Owner 2</u> – Name:	Title:	Social Security No.:	% Ownership:
Home Address:		Cell Ph:	Drivers License:
City, State	Zip:	HomePh:	Homeowner: Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Name/Address of Nearest Living Relative:</u>			Relative's Home Ph:

INSURANCE

Name	Telephone	Policy No.	Contact

BUSINESS BANKING

Name & Branch	Telephone	Account No.	Contact	Account Type

TRADE ACCOUNTS (Leases, Loans, or Credit Accounts)

Name & Address	Account No.	Contact	Telephone

MAJOR SOURCES OF INCOME

Customer Name	How Long?	Contact	Phone Number

- Have you ever been bankrupt? No Yes; What Year?
- Have you ever had equipment repossessed? No Yes; By Whom: _____ Date: ____ / ____ / ____
- Are you a defendant in any legal action? No Yes
- Do you have any unpaid tax liens or judgments on your credit? No Yes
- Are you making payments on tax liens or judgments? No Yes; Please attach proof of payment/agreement to pay, etc.
- Are you a co-maker, endorser, or guarantor on any debts of others? No Yes
- If "yes" to above questions, please explain:

The undersigned hereby certifies that all statements contained in this application and any financial information provided in connection with the credit applied for are true and complete and are made for the purpose of inducing PRODUCTIVE Finance to extend credit to the undersigned. Any copies of tax returns being provided are copies of "As-Filed" returns missing only Original signatures. PRODUCTIVE Finance is relying upon this representation in its credit approval process.

I authorize PRODUCTIVE Finance to obtain information as it may require for the purpose of extending credit. The application and any financial information provided shall remain the property of PRODUCTIVE Finance whether or not credit is granted. I agree to notify you of any material change in the condition of my affairs, and this statement shall be considered by you to be a continuing statement of financial condition of the undersigned until written notice to the contrary is received by you.

Signature	Title	Date
Signature	Title	Date

PRODUCTIVE FINANCE

Credit Application

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PARTNERSHIP

Registered Trade Name:				Place (State) of Registration:			
Partner 1	Interest _____%	General	Limited	Partner 2	Interest _____%	General	Limited
Name _____				Name _____			
Social Security Number* _____				Social Security Number* _____			
Home Address _____				Home Address _____			
City/State/Zip _____				City/State/Zip _____			
Partner 3	Interest _____%	General	Limited	Partner 4	Interest _____%	General	Limited
Name _____				Name _____			
Social Security Number* _____				Social Security Number* _____			
Home Address _____				Home Address _____			
City/State/Zip _____				City/State/Zip _____			

CORPORATION

Full Corporate Name:			Place (State) of Registration:		
Federal Tax ID		State of Incorporation		Date of Incorporation	
President	Stock Ownership _____%	Vice President	Stock Ownership _____%		
Name _____		Name _____			
Social Security Number* _____		Social Security Number* _____			
Home Address _____		Home Address _____			
City/State Zip _____		City/State/Zip _____			
Secretary	Stock Ownership _____%	Treasurer	Stock Ownership _____%		
Name _____		Name _____			
Social Security Number* _____		Social Security Number* _____			
Home Address _____		Home Address _____			
City/State Zip _____		City/State/Zip _____			

LIMITED LIABILITY COMPANY

Registered Name:			Place (State) where Articles of Organization are recorded:		
Federal Tax ID:		Date Recorded:		Recording No.:	
President	Ownership Int. _____%	Vice President	Ownership Int. _____%		
Member Name _____		Member Name _____			
Social Security Number* _____		Social Security Number* _____			
Home Address _____		Home Address _____			
City/State Zip _____		City/State/Zip _____			
Secretary	Ownership Int. _____%	Treasurer	Ownership Int. _____%		
Member Name _____		Member Name _____			
Social Security Number* _____		Social Security Number* _____			
Home Address _____		Home Address _____			
City/State Zip _____		City/State/Zip _____			

***Required of all personal guarantors.**

ADDENDUM TRUCK USAGE

Purchaser to Drive? Yes No (If NO , provide information on Driver)		Years of experience (Buyer)	Years as Owner/Operator (Buyer)	Name of Driver
Address (Driver)			Phone Number (Driver)	
License Number (Driver) / State	Years of experience (Driver)	Years associated w/Driver	Relation to Driver	
Equipment Use: Expand existing business Replace old equipment Start new business			# of Power Units	# of Trailers
Truck to Work For (Company Name)			Contact	
Address			Phone	
Products Hauled	Off Highway? Yes No	Trucking (Between what points)	Average Mileage per Month	