

Piedmont Equipment Leasing

**Truck / Trailer
Application**

107 Duval Drive
Goldsboro, NC 27530
800-762-9731 919-739-5768 - Fax

Date: _____
Taken by: _____

BUSINESS INFORMATION

| | | | | | | | | |
|---|--|-------------------------|------------------------|----------------------|------|--------------------|--|--|
| Business Legal Name: | | | Date Established: | | | Federal ID Number: | | |
| Business Mailing Street: | | City: | County: | State: | Zip: | Type of Business: | | |
| Type of Ownership: () Proprietorship () Corp. () LLC () Partnership | | Business Phone Number: | | Business Fax Number: | | Mobile Number: | | |
| Have you ever filed Bankruptcy? () No () Yes Have you ever had equipment repossessed? () No () Yes | | State of Incorporation: | Year of Incorporation: | Business E-Mail: | | | | |

PRINCIPAL INFORMATION (100% Ownership disclosure required.)

| | | | | | | |
|---------------------------|--------|----------------|--------|--------------|------|--------------------|
| Name (First-Middle-Last): | | Date of Birth: | Title: | % Ownership: | SSN: | |
| Present Address Street: | | | City: | State: | Zip: | Home Phone Number: |
| Other Owner/Guarantor: | Title: | Address: | | % Ownership: | SSN: | |

HAULING INFORMATION

| | | |
|--|--------------------|------------------------|
| What is hauled? | Where do you haul? | |
| Who do you haul for? | Contact: | Phone Number: |
| MC Number: | DOT Number: | |
| Presently in your fleet: _____ # Trucks _____ # Trailers | | State you will tag in: |

BANK/CHECKING INFORMATION (If checking acct. less than 2 years; provide previous acct. number/bank)

| | | | | | |
|-------|--------|---------|----------|----|----|
| Bank: | Phone: | Acct #: | How Long | CK | SV |
| Bank: | Phone: | Acct #: | How Long | CK | SV |

EQUIPMENT LOANS/LEASE (Open or Paid)

| | | | |
|---------------|----------|--------|------------|
| Company Name: | Contact: | Phone: | Equipment: |
| Company Name: | Contact: | Phone: | Equipment: |

EQUIPMENT INFORMATION

| | | |
|------------------------|-------------------|--------|
| Vendor: | Vendor Phone: | |
| Vendor Address: | Vendor Contact: | |
| Equipment Description: | Equipment Cost: | |
| Equipment Location: | | |
| Term: | Insurance Agency: | Phone: |

Applicant warrants all credit and financial information submitted to Piedmont Equipment Leasing (hereafter referred to as PEL) and/or its assignees to be true and accurate and hereby authorizes all banking institutions, income tax reporting agencies and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize PEL and/or its assignees to obtain personal credit bureau reports and/or personal and business income tax transcripts for the making, extension or renewal of this credit decision or collection of the resulting account. I/We also authorize the domain of piedmontleasing.com to contact me through electronic mail. A fax or photocopy of this authorization shall be valid as the original.

| | | |
|-----------|------------|------|
| Signature | Print Name | Date |
| Signature | Print Name | Date |