

Credit Application



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Applicant's First Name		M.I.	Last	SSN#	Age	Birth date (m/d/y)								
Spouse First Name		M.I.	Last	SSN#	Age	Birth date								
Home Street Address, City, Province, Postal Code						How Long?								
Home Phone		Business Phone		Fax	Other									
Present Employer or contracted by:				Cash Flow Analysis <table> <tr> <td>Personal Income</td> <td>\$</td> </tr> <tr> <td>Other Income</td> <td>\$</td> </tr> <tr> <td>Spouse's Annual Salary or Wages</td> <td>\$</td> </tr> <tr> <td>Total Annual Income (Gross)</td> <td>\$</td> </tr> </table>			Personal Income	\$	Other Income	\$	Spouse's Annual Salary or Wages	\$	Total Annual Income (Gross)	\$
Personal Income	\$													
Other Income	\$													
Spouse's Annual Salary or Wages	\$													
Total Annual Income (Gross)	\$													
Occupation		How Long Yrs. Mo.												
Previous Employer		How Long Yrs. Mo.												
Name of Spouse's Employer		How Long Yrs. Mo.												
Occupation/Position														
Personal Assets and Personal Liabilities														
Asset Description	Value	Creditor Name and Address		Monthly Payment	Balance									
Home and <input type="checkbox"/> Lot <input type="checkbox"/> Acreage <input type="checkbox"/> Pad	\$			\$	\$									
Automobiles/Boats	\$			\$	\$									
Cash/Savings/GIC's /RRSP's	\$			\$	\$									
Other:	\$			\$	\$									
Total: (1)	\$	Total Pers. Debts (3)		\$	\$									
Business Particulars														
Trade Name:			Years in Business	FED Tax ID#	IPR #									
Business Street Address, City, Province, Postal Code				Business Phone	Business Fax									
Bus. Bank:			Accountant:											
Business Assets and Business Liabilities														
Asset Description	Value	Creditor Name and Address		Monthly Payment	Balance									
	\$			\$	\$									
	\$			\$	\$									
	\$			\$	\$									
	\$	Total Business Debts: (4)		\$	\$									
Total Assets: (2)	\$	Total Net Worth: (1+2) - (3+4)				\$								
Have you ever been bankrupt <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a repossession <input type="checkbox"/> Yes <input type="checkbox"/> No														

Privacy: We the undersigned hereby authorize **STS TRUCK & UTILITY TRAILER**. (Equipment Retailer) and/or any potential third party credit grantors ("**STS TRUCK & UTILITY TRAILER**." in connection with this Application for Credit or Insurance to collect, use, and disclose certain personal and business information from and about us ("**Information**"). **STS TRUCK & UTILITY TRAILER** may collect Information from and/or disclose Information to **STS TRUCK & UTILITY TRAILER**'s agents, affiliates, third party insurance service providers, credit bureaus, credit reporting agencies, other credit grantors, financing and insurance partners, and/or any person we have or propose to have financial relations with as well as third parties who wish to become involved in the syndication of a loan, lease, or other investment in which Information is relevant, or who are involved in risk assessment or due diligence in the context of a financial transaction or proposed financial transaction. We also authorize any person whom **STS TRUCK & UTILITY TRAILER** may contact in this regard to provide Information to **STS TRUCK & UTILITY TRAILER**. We acknowledge that **STS TRUCK & UTILITY TRAILER**'s financing and insurance partners may transfer and store Information in other jurisdictions and as a result, Information may be lawfully accessible to regulatory authorities in accordance with the laws of those jurisdictions. **STS TRUCK & UTILITY TRAILER** may collect, use, and disclose our or other personal identifiers to verify and report credit information to credit bureaus or credit reporting agencies as well as to confirm our identities. By choosing to provide you with Information, we are consenting to its use in accordance with the Federal Fair Credit Reporting Act which we may view and obtain at any time at <http://www.ftc.gov/os/statutes/031224fcra.pdf>

Date

Applicant's Signature

Applicant's Signature

Credit Application

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Trade Reference:	Telephone ()	Contact Name
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Nature & History of Business:

[illegible]

Company Stats:

Incorporation Date:		Date of Fiscal Year End	
Number of Employees:		Annual Revenues (last year)	
List of Shareholders and their Percentage Ownership:			

Cash Flow: (Revenue and expense forecast for the asset being financed/leased)

Projected Monthly Income (New Unit - only)	\$	<- Gross Monthly Income
Less: Monthly Operating Expenses	\$	
Fuel		
Repair & Maintenance	\$	
Insurance & Licensing	\$	
Wages	\$	
Other	\$	
Operating Income	\$	