



CREDIT APPLICATION

APPLICANT INFORMATION

Name (First, Middle, Last):		Suffix: Jr. <input type="checkbox"/> Sr. <input type="checkbox"/>		SSN:
Fed Tax I.D.#: DBA <input type="checkbox"/> L.L.C. <input type="checkbox"/> INC. <input type="checkbox"/>	Your Business Name (If Applicable):			Date of Birth:
Mailing Address:				
Physical Address (If Different From Mailing Address):				
Business Phone #:	Cell #:	Fax #:	E-mail Address:	
Do You Own Your Home? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever Filed Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever Had a Repossession? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a Defendant in a Legal Action? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, How Long? (Years)	If Yes, Attach Explanation.	If Yes, Attach Explanation.	If Yes, Attach Explanation.	
Nearest Relative NOT Living with You:	Address:	Phone #:	Relationship:	

EMPLOYMENT

First Time Owner Operator? Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Years with CDL/Time as Owner Op: Yrs: Mos: / Yrs: Mos:	Reason for Purchase: Additional Unit <input type="checkbox"/> Replacement Unit <input type="checkbox"/>	
Buyer to Drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Info (If Other Than Buyer) Name: SSN:	Type of Goods / Commodities Hauled:	
Driver's CDL #: CDL State:	Truck to be Registered in What State?	Truck to be Titled in Personal or Business Name:	
Where Will Truck Be Leased On?	Contact Person / Department at Your Lease:	Phone # for New or Current Lease:	
Current Employer / Haul Reference:	Haul Ref Contact Name:	How Long There?	Driver or Owner Operator:
	Phone #:		
Previous Employer / Haul Reference:	Haul Ref Contact Name:	How Long There?	Driver or Owner Operator:
	Phone #:		

FINANCIAL INFORMATION

Do You Have Your Own Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>	Insurance Agent Name:	Insurance Agent Phone #:	ICC Number:
Number of Trucks / Trailers Owned: Trucks: _____ Trailers: _____	Would You Like A Physical Damage Insurance Quote? Yes <input type="checkbox"/> No <input type="checkbox"/>	Would You Like A Liability Insurance Quote? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Truck Financed With:	Year / Make / Model of Equipment:	Phone #:	Trade? Yes <input type="checkbox"/> No <input type="checkbox"/>
Account #:			
Other Equipment:	Year / Make / Model of Equipment:	Phone #:	Still Own? Yes <input type="checkbox"/> No <input type="checkbox"/>
Account #:			

The undersigned certifies that the information given above is true and complete and authorizes Cascadia International, LLC, its subsidiaries and their assigns or potential assigns, or any other lender that this application is submitted to (collectively "Cascadia"), to investigate the above information and obtain information about the undersigned's accounts and credit experience. Cascadia may receive from and disclose to other persons, including credit reporting agencies, information about the undersigned's account and credit experience. The undersigned authorizes any person to release to Cascadia credit experience and account information on the undersigned. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on the undersigned by Cascadia, or any person requested to release such information to Cascadia.

X Applicant Signature	Date	X Co-Applicant Signature	Date
Revised 12/1/2010		Co-Applicant Name & SSN	