



GE Capital Solutions

Transportation Finance Division

Fax: (501) 421-8340

Attention: Anne Pate

Phone: (501) 224-1168

NAME: _____ SPOUSE'S NAME: _____

COMPANY NAME: _____ TAX ID# _____

BUSINESS ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: (____) _____ FAX: (____) _____

HOME ADDRESS (if different than business): _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____

PREVIOUS ADDRESS: (If less than 5 years at current address) _____

OF YEARS: (At previous address) _____

SOCIAL SECURITY # (SELF): _____ (SPOUSE): _____

DATE OF BIRTH: (SELF): _____ (SPOUSE): _____

(NAME, ADDRESS AND PHONE NUMBER)

of Trucks/Tractors Owned: _____

of Trailers Owned: _____

CREDIT REFERENCES

	FINANCED WITH	CITY & STATE	PHONE NO.	ACCOUNT NO.
TRACTOR:				
TRAILER:				
OTHER:				

BANK: _____ CITY/STATE: _____ TELEPHONE: (____) _____

CONTACT: _____ ACCOUNT NUMBER: _____

HAUL INFORMATION

NO. OF YEARS AS AN OWNER/OPERATOR: _____ NO. OF YEARS AS A DRIVER ONLY: _____

NAME OF COMPANY	ADDRESS	CITY/STATE	PHONE NO.	CONTACT PERSON

IS THE EQUIPMENT BEING PURCHASED FROM A DEALER? _____ (IF YES, PLEASE COMPLETE BELOW)

DEALER NAME: _____ PHONE NO. () _____ SALESMAN: _____

COLLATERAL: (FOR LOAN REQUESTED)

TRACTOR or TRUCK

YEAR _____ MAKE _____ BODY TYPE (CONV OR COE) _____ MODEL _____

ENGINE/SIZE		TRANSMISSION		JAKE BRAKE (YES OR NO)	
SIZE OF SLEEPER		AIR RIDE (YES OR NO)		AIR SLIDE 5 TH (YES OR NO)	
NO. OF ALUM. WHEELS		AIR CONDITIONING (Y OR N)		POWER STEERING (YES OR NO)	
OWNER/OPERATOR PKG. (YES OR NO)		FULL AERO (YES OR NO)		AM/FM STEREO (YES OR NO)	

TRUCK ATTACHMENT INFO (if applicable): (Box, Dump Body, Flat Bed, etc.):

Year: _____ Make: _____ Type: _____ Size: _____

MILEAGE _____

TRAILER

YEAR _____ MAKE _____ TYPE: _____ SIZE: _____

REFRIGERATION UNIT: _____ MAKE: _____ TYPE: _____

OTHER ATTACHMENTS (Describe) _____

IS VEHICLE PRESENTLY FINANCED? _____ IF YES, WITH WHO? _____

PHONE NO. () _____

CURRENT INSURANCE CARRIER: _____

AGENTS NAME AND PHONE NUMBER: _____

SALES PRICE? _____ AMT. OF FINANCING REQUIRED? _____ REQUESTED TERM (# OF MONTHS) _____

The information given above is true and complete. GE Commercial Finance may receive from and disclose to other persons, including credit reporting agencies, information about the applicant's account and credit experience. Applicant authorizes any person to release to GE Commercial Finance credit experience and account information on Applicant. This shall be a continuing authorization for all present and future disclosures of account information and credit experience on Applicant made by GE Commercial Finance or any person requested to release such information to GE Commercial Finance.

By: _____ Date: _____ By: _____ Date: _____
Applicants signature and title Co-applicants signature and title