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Preferred Capital Funding

HEAVY DUTY FINANCE CREDIT APPLICATION

Business Information

Business Name: Address: City: State: Zip: Business Phone #: Mobile Phone #: Fax #: Email: Federal I.D.# State of Incorporation/Organization: Equipment Address: Billing Address: City: State: Zip: Business structure: Corporation LLC Partnership Sole Proprietor Other In business since: Has the Business (or you, if a sole proprietor) ever declared bankruptcy? Yes No If yes, when? (date)

Equipment/Financing Description

Amount Requested: \$ Term Requested (# of months): Fleet Size: Replacement: Addition: Equipment Description: Quantity: Vendor Contact: Telephone Number:

Bank Reference (Installment Debt/Leases)

Name of Bank: Accounts Open Since: Bank Officer: Telephone Number: Checking Account Number: Loan Number:

Finance References

Firm Name: Account Open Since: Firm Name: Account Open Since:

Applicant Principal(s)/Guarantor(s) Information Please provide the following information regarding the principals/owners/guarantors of the Applicant (attach additional sheets if necessary).

Principal 1 Name: Title: Percent Owned: Address: City: State: Zip: Phone #: Date of Birth: Social Security #: Own or Rent Time at residence: Monthly mortgage/rent: Citizenship: USA Other Is Principal 1 going to be a Guarantor? Yes No If yes, has Principal 1 ever declared bankruptcy? Yes No If yes, when? (date)

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor. X

Principal 2 Name: Title: Percent Owned: Address: City: State: Zip: Phone #: Date of Birth: Social Security #: Own or Rent Time at residence: Monthly mortgage/rent: Citizenship: USA Other Is Principal 2 going to be a Guarantor? Yes No If yes, has Principal 2 ever declared bankruptcy? Yes No If yes, when? (date)

If you intend to apply for joint credit (including as a Guarantor), please initial here and sign below as a Guarantor. X

ECOA DISCLOSURE

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FTC Regional Office for region in which the creditor operates or Federal Trade Commission, Consumer Response Center, Washington, DC 20580. If we take adverse action if you request such statement within 60 days from Preferred Capital Funding, Inc at the address and telephone number given on this application. The written statement shall be sent to you within 30 days. Adverse action may include refusal to grant credit in substantially the amount of terms requested, termination or an unfavorable change in the terms of an account and refusal to increase the amount of credit available.

APPLICANT VERIFICATION

The undersigned acknowledges the statements on this application are true, correct and accurate to the best of my knowledge, and the information contained herein may be used by Preferred Capital Funding, Inc., to make credit decisions. The undersigned authorizes Preferred Capital Funding, Inc and its affiliates to obtain any consumer and/or business information from banks, credit unions, as well as other credit reporting services and authorizes them to furnish such information to Preferred Capital Funding, Inc. The undersigned acknowledges that this signed application is an application for credit only, and the final terms of the financing agreement will be based on the documents themselves. No commitment exists until the Applicant/Join Applicant(s) receives the same in

Application by: Title: Date: Application by: Title: Date: Guarantor Signature X Print Name: Date: Guarantor Signature X Print Name: Date: