

Location:	Salesn	Salesman:		Phone #:		
BUSINESS INFORMAT Business Name:	ION		(Corp., LLC, Partner, Sole	e Prop)	
Business Address:						
Date/State Incorporate	d:	Fed. ID #:		MC #:		
Do you have your own a	uthority? Year Obtain	ed Commodit	ies Hauled	Gross Monthly Inc	come:	
First Time Owner Opera	tor? Total Ye	Total Years as O/O: Total Years as Company Driver:				
	ED: LEASED: SED IS: NEW			LEASED:		
PERSONAL INFORMA						
Legal Name:		SS #	:	Date of Birth:		
Home Address:		Rent or Own:				
Email Address:		Percentage of ownership:				
Legal Name (Co-Buyer/	Guarantor):					
SS #:			Date of Birth:			
Home Address:		Mobile #:				
Email Address:		Percentage of ownership:				
	S (TRUCKS/TRAILERS/AU		•			
Collateral	Finance Com			Phone #		
2						
3						
Repossession?	If yes, when?	Bank	kruptcy?	If yes, when?	·····	
	ENCES (Minimum of 2 year Position with Co.	s) – Most recent Em Contact	ployer First Phone #	How I	ong?	
2						
3	on this application is true a					
including credit-report any person to release agreement for all pres	on this application is true a ing agencies, information to Excel Truck Group crea ent and future disclosures equested to release such in	about Applicant's a dit experience and a of account informat	ccount and credit ex account information of ion and credit experi	perience. The Applicar on Applicant. This sha	nt also authorizes Il be a continuing	
			-	ate:		