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I HAVE SPOKEN WITH (Select One): Jay McDowell, Managing Partner, Colleen Rafferty, Funding Manager,
 One of Our 11 Funding Officers (Write Name) _____ or Nobody Yet.

I - BUSINESS INFORMATION									
YOUR BUSINESS LEGAL NAME (If no business name - write personal name for business name)						TODAY'S DATE		PHONE #	
ADDRESS			CITY		STATE		ZIP CODE		FAX #
DATE ESTABLISHED	OR START UP?	YRS/CURR. ADDR.	# OF EMPLOYEES	FED TAX ID#		STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION (SELECT ONE) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C.			
II - OWNERSHIP INFORMATION (NEED ALL OWNERS)									
APPLICANT'S NAME			SOCIAL SECURITY #		DATE OF BIRTH		EMAIL ADDRESS		
HOME ADDRESS			CITY		STATE		ZIP CODE		HOME PHONE #
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			# OF YEARS _____						% OWNERSHIP
FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT)					CITY		STATE		ZIP CODE
									# OF YEARS AT THIS ADDRESS _____
MARITAL STATUS			SPOUSE'S NAME			SPOUSE'S MOBILE #			
SINGLE _____ MARRIED _____ DIVORCED _____									
CO-APPLICANT'S NAME			SOCIAL SECURITY #		DATE OF BIRTH		EMAIL ADDRESS		
HOME ADDRESS			CITY		STATE		ZIP CODE		HOME PHONE #
<input type="checkbox"/> OWN <input type="checkbox"/> RENT			# OF YEARS _____						% OWNERSHIP
# OF TRAILERS OWNED _____			<input type="checkbox"/> FIRST TRAILER PURCHASE		<input type="checkbox"/> NUMBER OF TRAILERS OWNED		<input type="checkbox"/> ADDITIONAL TRAILER		
III - TRAILER DEALER (FOR TRAILER YOU ARE PURCHASING)									
NAME OF TRAILER DEALER & CONTACT PERSON				TRAILER PRICE		YEAR & MAKE OF TRAILER		PHONE #	
IV - EXPERIENCE									
TOTAL # OF YEARS WITH CDL _____			# OF YEARS AS OWNER/OPERATOR _____			THIS NEW TRAILER TO WORK FOR - COMPANY?			
V - TRAILER USAGE									
ROUTES			HAULING				DO YOU HAVE YOUR OWN AUTHORITY?		
<input type="checkbox"/> LOCAL <input type="checkbox"/> REGIONAL <input type="checkbox"/> LONG HAUL			<input type="checkbox"/> DRY GOODS <input type="checkbox"/> REEFER <input type="checkbox"/> FLAT BED <input type="checkbox"/> HAZARDOUS <input type="checkbox"/> OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO		
VI - EMPLOYMENT HISTORY FOR PAST FIVE YEARS (LIST PRESENT OR LAST EMPLOYER FIRST)									
NAME & ADDRESS OF COMPANY					PHONE #		POSITION HELD		HOW LONG?
NAME & ADDRESS OF COMPANY					PHONE #		POSITION HELD		HOW LONG?
EXPECTED WEEKLY GROSS REVENUE \$					EXPECTED MILES/WEEK		EXPECTED \$/MILE		

The undersigned acknowledge(s) the statements on this application are true, correct and accurate to the best of my/our knowledge and may be used by Perry Funding LLC, its designees, affiliates, funding sources and lenders to make credit decisions. The undersigned authorize(s) Perry Funding LLC, its affiliates, designees, funding sources and lenders to obtain credit reports from credit bureaus and repositories, and to obtain consumer and business information from banks, credit unions, vendors, lenders, and other credit reporting services, and authorizes, directs and requests any and all of the aforesaid to furnish such information in a timely fashion to Perry Funding LLC, its affiliates, designees, funding sources and lenders. The undersigned acknowledge(s) that this signed application form is strictly for the purpose of obtaining business/commercial credit, that this signed application form is an application for credit only, and that the final terms of any loan, lease, or financing will be based upon the documents themselves. No approval or commitment exists until the applicant/join applicants receive(s) a written approval or commitment from Perry Funding LLC, its affiliates, funding sources or lenders. All of the above referenced credit references and sources are directed by the undersigned to accept a photocopy of my/our signature(s) as if it were the original, by fax or email.

APPLICANT'S NAME (PRINT) _____ APPLICANT'S SIGNATURE _____ DATE _____
CO-APPLICANT'S NAME (PRINT) _____ CO-APPLICANT'S SIGNATURE _____ DATE _____