



Please print the application, complete and sign. Return completed application by Fax to: (904) 379-8330

0017 103rd St., Jacksonville, FL 32210, phone: (904) 778-4411, fax: (904) 379-8330 Austin@baileytrucks.com

CREDIT APPLICATION

APPLICANT (legal company name): _____

Proprietorship, partnership, corporation, other: _____ FEI# (if any): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile phone: _____

Email: _____ Website: _____ MC#: _____

Equipment will be located at - Same as above: _____ Other: _____

Products Hauled: _____

Time in business under current ownership: _____ Number of trucks currently running: _____

OWNER NAME: _____ Social security #: _____

Title: _____ % of ownership: _____ Date of birth: _____

Home address: _____ Own/Rent: _____

Home phone: _____ Mobile phone: _____

Time with a CDL: _____ Time as a commercial truck owner: _____

Owner Name: _____ Social security #: _____

Title: _____ % of ownership: _____ Date of birth: _____

Home address: _____ Own/Rent: _____

Home phone: _____ Mobile phone: _____

Time with a CDL: _____ Time as a commercial truck owner: _____

EQUIPMENT TO BE FINANCED: _____

New/used/age: _____ Equipment cost: \$ _____

Dealer: Bailey Truck & Trailer Contact: Rob Bailey Phone: 904-778-4411

BANKING REFERENCE: _____ Contact: _____

City & state: _____ Phone: _____

Type of account: _____ Account number: _____

LOAN OR LEASE REFERENCE: _____ Contact: _____

Account number: _____ Phone: _____

Loan or lease reference: _____ Contact: _____

Account number: _____ Phone: _____

HAULING REFERENCE: _____ Contact: _____

City & state: _____ Phone: _____

Hauling reference: _____ Contact: _____

City & state: _____ Phone: _____

We hereby authorize the release of all credit information, including any loans, leases, checking accounts, savings accounts, trade references, and personal credit history, pertaining to the company, its principals, and the people listed here, to Bailey Truck & Trailer (and its designee or assignee), and to CapStar Corporation (and its designee or assignee). Such authorization shall extend to subsequent updates for credit or collection purposes. All of the people signing below are 18 years of age or older. A photostatic or facsimile copy of this authorization shall be valid as the original. A so-called ".pdf" or other form of electronic signature affixed to this application by the applicant shall have the same force and effect as if the signature were an original.

X _____ Date: _____ X _____ Date: _____