



Commercial Credit Application

Troy Financial Solutions, LLC • 1701 Montclair Blvd. • Brentwood, TN 37027
Phone 615.403.8769 • Fax 615.309.1909

COMPANY INFORMATION

| | | | |
|--|------|--|---|
| Legal Business Name: | | | |
| Trade Name (if any): | | | |
| Street Address: | | City: | St: Zip Code: |
| Mailing Address: | | City: | St: Zip Code: |
| Phone: | Fax: | Email: | |
| Circle Type of Business: Sub Chapter S Corporation Corporation Limited Liability Corporation Partnership Sole Proprietor | | | |
| Federal Tax ID Number: | | Date Established: | If a Corporation, State of Incorporation: Date: |
| Number of Trucks Owned: | | Leased: | Number of Owner/Operators Leased On: Number of Trailers/Type: |
| Financing Funds Used for Commercial Purposes Only? Yes No | | If a Motor Carrier Circle, Circle All Your Are Hauling For Below: Brokers Shippers Both | |
| Pending Liens/Judgements? Yes No (If Yes, Explain) | | Current On All Taxes? Yes No (If No, Explain) | Ever Filed Bankruptcy? Yes No (If Yes, Date) |

BANKING INFORMATION

| | | |
|--------------------------|--------|-------------------------|
| Contact/Officer: | | |
| Name of Bank: | | Branch Office: |
| Street Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | |
| Email: | | |
| Checking Account Number: | | Savings Account Number: |
| Payroll Account Number: | | Other Account Numbers: |

BUSINESS & CREDIT REFERENCES

| | | |
|------------------|--------|-----------|
| Company: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of Account: | | |
| Company Name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of Account: | | |
| Company Name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of Account: | | |

RECEIVABLES INFORMATION

Are you currently factoring? Yes () No () If yes with whom? _____

Have you previously factored? Yes () No () If yes with whom? _____

Estimated amount to factor each month: \$ _____

Average Number of Invoices per Month: _____ Average Invoice Value: \$ _____

List Top 5 Customers with Monthly Dollar Amount: _____ \$ _____

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____



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PRINCIPAL SUMMARY (OWNER/S INFORMATION)

| | | | |
|--|-----------|--------------------|-----------------------|
| Full Legal Name: | | Position: | |
| Home Address: | | City: | |
| State: | Zip Code: | Home Phone: | Cell Phone: |
| Date of Birth: | | Social Security #: | Ownership Percentage: |
| Ever Filed Personal Bankruptcy? Yes () No () (If Yes, Date) | | Signature: | Date: |

| | | | |
|--|-----------|--------------------|-----------------------|
| Full Legal Name: | | Position: | |
| Home Address: | | City: | |
| State: | Zip Code: | Home Phone: | Cell Phone: |
| Date of Birth: | | Social Security #: | Ownership Percentage: |
| Ever Filed Personal Bankruptcy? Yes () No () (If Yes, Date) | | Signature: | Date: |

MOTOR CARRIER INFORMATION

Please check all authorities that apply and indicate MC# for each where applicable:

| | | | | |
|--------------------------|----------------------------|----------------------------|-------|-----|
| Common: Yes () No () | Interstate: Yes () No () | Intrastate: Yes () No () | State | MC# |
| Contract: Yes () No () | Interstate: Yes () No () | Intrastate: Yes () No () | State | MC# |
| Broker: Yes () No () | Interstate: Yes () No () | Intrastate: Yes () No () | State | MC# |

Please Provide A Copy of the Following With Application:

| | |
|---|---|
| *Customer List with Address & Phone Number | * <u>Corporation</u> : Articles of Incorporation |
| *Most Recent Accounts Receivable Aging | * <u>LLC</u> : Articles of Organization/Operating Agreement |
| *Most Recent Accounts Payable Aging | * <u>Sole Proprietorship</u> : Trade Name Filing |
| *Federal Tax Return for Last Two Fiscal Years | *MC Operating Authority Permit from FMCSA |
| *Most Recent Balance Sheet & Income Statement | *Insurance Certificate |
| *Personal Guarantor/s Financial Statement | *IRS Tax ID# Verification Document |
| *Copy of Driver's License of Each Owner | *Current IFTA Registration (Fuel Tax) |

Through your execution of this application, you authorize Troy Financial Solutions, LLC hereby referred to as "TFS" and the companies for whom it brokers financing, hereby referred to as "Designees," to contact and verify with third parties through any means they deem appropriate your financial condition, credit history, assets and any items indicated on this or other statements provided to TFS by your organization, its officers, directors or principals and correspondingly you authorize any individual or entity so contacted to release to TFS and/or its Designees such information and documentation requested by them. You additionally authorize TFS and/or its "Designees" to conduct any and all reference checks and background investigations related to your respective character and reputation. Also, you hereby irrevocably release and agree to hold harmless TFS and it's designees, and any individual or entity providing such information from any claim of any kind related to or arising out of any such investigations and any information provided as a result of the same.

Upon acceptance of this application TFS designee will submit a UCC-1 Filing to the appropriate administrative agency(s). Through your execution of this Application you are acknowledging your agreement to this filing.

I/We have been advised and understand that the submission of an application for financial services does not necessarily mean that a TFS designee will provide any financial services whatsoever.

**Factoring Customers:* I/We have been advised and do understand that the approval of financing is expressly contingent upon approval of The Application and the invoices/accounts in accordance with the terms of TFS Designee's contract. I/We further understand that TFS's Designees are only considering providing financing in a commercial context Applicant hereby states, warrants and agrees that any funds provided through this transaction will be used for commercial purposes only and not household, consumer or personal use.

The above statements are true and correct.

Signatures

| | | | |
|--------------------------------|-------|--------------------------------|-------|
| Signature: Print: Title: | Date: | Signature: Print: Title: | Date: |
|--------------------------------|-------|--------------------------------|-------|