

CREDIT APPLICATION

PERSONAL

INFORMATION

Legal Name of Business:	Tax ID#:	
Address 1:	City:	County:
Address 2:	State:	Zip:
Phone:	Fax:	Date Est:
Owner's Name	Position:	Do you have a CDL?
Home Phone:	Cell Phone:	How long with CDL?
Address 1:	City:	
Address 2:	State:	Zip:
Home: Own: <input type="checkbox"/> Rent: <input type="checkbox"/>	Current on Mortgage: Y <input type="checkbox"/> N <input type="checkbox"/>	Mortgage modification: Y <input type="checkbox"/> N <input type="checkbox"/>
Social Security #:	Birth Date:	Email:
How long at current address:	Name of spouse:	

BANK REFERENCE

Name of Bank:

Contact:

INSURANCE INFORMATION

Name of insurance agent:	Phone#:	
Address 1:	Address 2:	County:
City:	State:	Zip:

WORK REFERENCE

List your two largest customers, or trucking companies you haul for:

Name:	Contact:	Phone:
Name:	Contact:	Phone:

EQUIPMENT/ VEHICLE VENDOR INFO

Equipment/Vehicle to be leased:	Price:
Equipment/Vehicle to be leased:	Price:
Vendor/Seller:	Contact: Phone:
Address 1:	City:
Address 2:	State: Zip:

Applicant authorizes Windrise Capital, LLC, and/or its designee, to carry on a complete credit investigation of applicant and the principals as Windrise deems necessary to process this application. Furthermore, by signing below you certify that the statements above and on any attachments are true and complete as of the date given below.

Signature: _____ Date: _____

Please return completed application to
gmiller@windrisecapital.com