



Prevost Car, Inc.
 7900 National Service Road
 Mail Stop AP5-63
 Greensboro, NC, 27409
 PH: 336-202-3666 FAX: 336-393-4952
 ATTN: Jerry Doughty

APPLICATION FOR FINANCE

APPLICANT INFORMATION							
COMPANY NAME:				DBA:			
COMPANY ADDRESS:				CITY:		STATE:	ZIP CODE:
CONTACT PERSON:		TITLE:	PHONE:		FAX:		CELL:
E-MAIL ADDRESS:			FEDERAL TAX ID NUMBER:			DUN & BRADSTREET #:	
BUSINESS TYPE							
TYPE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION						NATURE OF BUSINESS:	
STATE OF CORPORATION:		DATE ESTABLISHED:		YEARS IN BUSINESS:		FLEET SIZE:	
OWNERS, PARTNERS AND GUARANTORS							
1. NAME:				TITLE:		% OF OWNERSHIP:	OWNER SINCE:
HOME ADDRESS:				CITY, STATE, ZIP CODE:			
SOCIAL SECURITY NUMBER:		HOME TELEPHONE:		DATE OF BIRTH:		E-MAIL ADDRESS:	
2. NAME:				TITLE:		% OF OWNERSHIP:	OWNER SINCE:
HOME ADDRESS:				CITY, STATE, ZIP CODE:			
SOCIAL SECURITY NUMBER:		HOME TELEPHONE:		DATE OF BIRTH:		E-MAIL ADDRESS:	
3. NAME:				TITLE:		% OF OWNERSHIP:	OWNER SINCE:
HOME ADDRESS:				CITY, STATE, ZIP CODE:			
SOCIAL SECURITY NUMBER:		HOME TELEPHONE:		DATE OF BIRTH:		E-MAIL ADDRESS:	
BANK / LOAN INFORMATION							
BANK NAME:		ACCOUNT NUMBERS:		CONTACT:		PHONE NUMBER:	
BANK NAME:		ACCOUNT NUMBERS:		CONTACT:		PHONE NUMBER:	
FLEET FINANCE INFORMATION (ADD ADDITIONAL SHEET IF NECESSARY)							
YEAR/MODEL:	FINANCED AT:	ORIGINAL DATE:	TERM:	BALANCE:	MONTHLY PAYMENT:	RESIDUAL BALLOON:	LEASE OR LOAN?:
YEAR/MODEL:	FINANCED AT:	ORIGINAL DATE:	TERM:	BALANCE:	MONTHLY PAYMENT:	RESIDUAL BALLOON:	LEASE OR LOAN?:
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YEAR/MODEL:	FINANCED AT:	ORIGINAL DATE:	TERM:	BALANCE:	MONTHLY PAYMENT:	RESIDUAL BALLOON:	LEASE OR LOAN?:

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Prevost Car, Inc., it's assigns or designees, and any credit bureau or investigative agency to investigate the references, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested, including personal information as a part of said investigation.

SIGNATURE:	TITLE:	DATE:
SIGNATURE:	TITLE:	DATE:
SIGNATURE:	TITLE:	DATE:

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us at the number above within 60 days from the date you are notified of our decision. You will then be sent a written statement of reasons for the denial within 30 days of receiving your request for the statement from the lender. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006 and the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. (Please retain a copy of this notice and application for your records, updated 12/12)