



NORTHSTAR TRAILERS

888-999-1830

bob@northstartrailers.com

1007 Johnnie Dodds Blvd

Mount Pleasant, SC 29464

Preferred language: (Choose One)
 English Spanish

Sales Rep _____

BUSINESS INFORMATION (LESSEE/DEBTOR)

Full Legal Business Name		Trade Name/DBA		Federal Tax ID #	
Address		City	State	Zip	County
Phone Number	Fax Number	Cell Number	Email Address		
Type of Business	Time in Business Under Current Ownership		Business Structure: (Choose One) <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC		
Equipment Location					

PERSONAL INFORMATION

Principal/Guarantor (Name as shown on Driver's License)		Title/% Ownership		Principal/Guarantor (Name as shown on Driver's License)		Title/% Ownership	
Home Address		Date of Birth		Home Address		Date of Birth	
City	State	Zip	City	State	Zip	City	State
Social Security Number (PLEASE SIGN AT BOTTOM)		Cell Phone		Social Security Number (PLEASE SIGN AT BOTTOM)		Cell Phone	
Email Address				Email Address			
US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeowner: <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPANY BANK REFERENCE

Please attach last three months business bank statements

MAJOR TYPES OF COLLATERAL/EQUIPMENT TO BE FINANCED

VENDOR	Phone	Equipment Description	Contact
VENDOR	Phone	Equipment Description	Contact

TRANSPORTATION

NEW USED EQUIPMENT

CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you been an Owner/Operator ____ Years ____ Months	Driving Experience ____ Years ____ Months	Current # of Trucks	Owned, leased or financed	Current # of Trailers	Owned, leased or financed
Hauling Area: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National		Products Hauled	DOT#	MC#	Hauling Reference/Work Source	
		How long	Phone No.			

Truck/Trailer Credit Reference

By signing below the undersigned individual(s), who is either a principal of the credit application or a personal guarantor of its obligations, provides written instructions to Streamline Financial Services (SFS) or its designees, assignee and/or successor(s)-in-interest authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal, or collecting the resulting account. Further, I hereby authorize the bank(s) listed in this credit application to release all necessary information required to assist SFS in making its credit determination. A copy of this application shall be valid as the original.

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 (providing that the applicant has the legal 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 Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

X _____
SIGNATURE DATE

X _____
SIGNATURE DATE