



# IDEALEASE

- Truck Purchase (Fill out sections 1-5 & 7)
- Open Account (Fill out sections 1, 2, 4, 5, 6, & 8)
- Carolina Idealease (Fill out sections 1, 2, 4, 5, & 8)

1 - CUSTOMER

Company/Owner Name: \_\_\_\_\_ Tradestyle/DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ County: \_\_\_\_\_

Legal Entity:  Corporation  Partnership  Sole Proprietor  Non-Profit  Government  Other \_\_\_\_\_

State of Formation: \_\_\_\_\_ Date of Birth (Individual) or Established (Business): \_\_\_\_\_ City Limits: -Y -N

Amount of Credit Requesting: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Tax Exempt #: \_\_\_\_\_ Federal Tax ID/SS #: \_\_\_\_\_ PO Required?:  Yes  No

Check box if mailing address same as above:

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Have you or your company ever declared bankruptcy?  Yes  No If Yes, when & company name? \_\_\_\_\_

Are there any outstanding liens or judgments?  Yes  No If Yes, please attach list of creditors and amounts owed.

2 - GUARANTOR (S)

Check box if same as above:

Full Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ % of Company Ownership: \_\_\_\_\_

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Check box if same as above:

Full Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ % of Company Ownership: \_\_\_\_\_

3 - PROFILE

Only fill out this section if applying for Truck Financing

Gross Annual Revenue Over \$1 Million (Y/N) \_\_\_\_\_ # of Heavy Duty Trucks in Fleet: \_\_\_\_\_

Years Driving Experience: \_\_\_\_\_ # of Medium Duty Trucks in Fleet: \_\_\_\_\_

Years as Owner Operator: \_\_\_\_\_ # of Trailers in Fleet: \_\_\_\_\_

Please list your 3 highest grossing sources of trucking income.

	Business	Materials Hauled	Start Date	End Date	Contact Name	Phone	Income/Mo	Miles/Year
4 - HAUL REF	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____

5 - LOAN/TRADE REF

If applying for truck financing, please list previous financing sources. If applying for an open account, please list trade references.

Company/Bank: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Acct # \_\_\_\_\_ Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_

Company/Bank: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Acct # \_\_\_\_\_ Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_

Company/Bank: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Acct # \_\_\_\_\_ Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_

Company/Bank: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Acct # \_\_\_\_\_ Phone # \_\_\_\_\_ Email or Fax # \_\_\_\_\_

6 - BANK

List banks that you currently have active accounts.

Bank Name	Account Type	Account #	Contact Name	Phone	City/State

## Sign this section if applying for Truck Financing

7 - TRUCK FINANCING SIGNATURE

Applicant(s) authorizes Carolina International Trucks, Inc. (CIT) and/or any party which may provide credit to Applicant hereunder to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release any financial information concerning Applicant or such other person (including personal financial information and credit bureau reports) as CIT deems appropriate, and to share all such information with the other. Applicant furthermore agrees to hold CIT, all creditors and other persons free from liability who may respond to inquiries made by CIT. In the event that Applicants elects to purchase equipment from CIT and seeks assistance from CIT in procuring financing, Applicant and/or its principals hereby authorizes CIT to share financial information with third party financing companies and hereby expressly authorize CIT and the third party financial entity/institution to access reports from credit bureaus. Equipment purchases may be subject to \$225 Documentation Fee.

### **BUSINESS Credit Information: Authorization for Disclosure**

Applicant hereby authorizes the release of credit information to Carolina International Trucks (CIT) or its designee (and any affiliates, assignees or potential assignees thereof, collectively, Carolina International Trucks) from any source including credit bureau reporting agencies and applicant's bank. I hereby represent that all of the information contained in this credit application is true, correct and complete.

By Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

### **PERSONAL Credit Information: Authorization for Disclosure**

By signing below, the undersigned individual ("Applicant") who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Carolina International Trucks authorizing review of his/her personal credit profile from a national credit bureau.

By Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Sign this section if applying for Open Account or Idealease

8 - OPEN ACCOUNT OR IDEALEASE

The undersigned, hereinafter referred to as Applicant, understand that this credit application authorizes Carolina International Trucks, Inc. (CIT) to check references from all credit and business associations, without recourse. Furthermore, if credit is granted by Carolina International Trucks, Inc, Applicant agrees to the following terms and conditions:

1. Not to exceed Credit Limit established by CIT.
2. For all non-Idealease invoices, applicant agrees to pay promptly all sums due within thirty (30) days (NET 30) from the invoice date. For Idealease invoices, applicant agrees to pay promptly all sums due within ten (10) days (NET 10) from the invoice date. All invoices not paid by the due date are subject to a service charge of 1.5% per month and/or such other terms and conditions as may be established by CIT in writing.
3. To hereby grant to CIT a security interest in all goods, wares, merchandise, parts, or related items purchased by applicant on its account.
4. In the event that a collection agency or attorney is hired to collect its delinquent account, Applicant understands and agrees that it will pay, including service charges, attorney's fees, court costs and such other related expenses as may arise in the pursuit of the collect of Applicant's account.
5. That as to any and all matters that may arise in relation to Applicant's account with CIT, Applicant specifically agrees that personal jurisdiction and venue will at all times remain with the Courts of competent jurisdiction of the State of South Carolina and that the laws of the State of South Carolina will apply to any litigation and/or other transactions related to the said account.

### **PERSONAL GUARANTY**

**IT IS UNDERSTOOD AND AGREED** that Carolina International Trucks, Inc (CIT) is, pursuant to the within application, considering extending credit to Applicant and that for and in consideration of the extension of said credit to Applicant, the undersigned, as proper officer(s)/agent(s) of Applicant, hereby **PERSONALLY AND INDIVIDUALLY GUARANTEES PAYMENT** to CIT any sum which is now due or may become due by Applicant. This guaranty is continuing, unconditional and shall stand as an indemnity for any indebtedness owed by Applicant to CIT, this being a guaranty of payment being based upon the stated consideration that CIT would not have extended any credit or any other consideration whatsoever to Applicant without the undersigned personal guaranty. The indebtedness created hereby by the personal guarantor is joint and several with Applicant, and the undersigned hereby waives notice of default, non-payment and notice thereof and consents to any modifications or renewal of the credit agreement hereby guaranteed. It is further agreed that this personal guaranty is irrevocable and shall remain so and in full force and effect until notice of revocation of said guarantee is provided to CIT in writing by certified mail, with receipt of same to be demonstrated by signature of a proper officer of CIT.

Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_