

INTERSTATE

Assembly Systems

Thank you for your interest in doing business with Interstate Assembly Systems. We appreciate the opportunity to serve you. We're committed to providing world-class products and exceptional service to our customers.

Please complete and return the attached credit application at your earliest convenience. Do not leave any blanks, as the application must be filled out completely.

All applicants and individuals must sign and complete the credit application.

Please email the credit application to:

mike.thomas@istate.com

or fax the credit application to:

651-457-3209

Thank you for doing business with Interstate Assembly Systems. You should hear about your credit approval soon.

We look forward to serving you in the future.

Today's Date		Business Start Date				State of Incorporation				
C Corp <input type="checkbox"/>	S Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Parent Company (if applicable)					
Applicant Legal Name (Business or Individual)					DBA Name					
Address					Tax ID #		SSN			
City	County	State	Zip	Tel #	Fax #	Email				
Principal Owner/Guarantor Name				Title	SSN	% Owned	Years w/ Co.	Years Exp	DOB, if Individual	
Address				City	State	Zip	Phone			
Principal Owner/Guarantor Name				Title	SSN	% Owned	Years w Co.	Years Exp	DOB, if Individual	
Address				City	State	Zip	Phone			
FINANCE / INSURANCE INFORMATION										
Vehicle Finance Reference		Contact name		Contact Phone Number		City		State	Account Type	Account Number
Vehicle Finance Reference		Contact name		Contact Phone Number		City		State	Account Type	Account Number
Vehicle Finance Reference		Contact name		Contact Phone Number		City		State	Account Type	Account Number
Operating Line Number :				Operating Line Secured By: <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other _____						
MAJOR CUSTOMERS / BUSINESS REFERENCES										
Name			% Revenue		How Long? Years Months		Contact name		Contact Phone Number	
Name			% Revenue		How Long? Years Months		Contact name		Contact Phone Number	
EQUIPMENT INFORMATION										
Existing Equipment (# of units) Trucks: Tractors: Trailers: Buses: Cars: Vans: Other:										
# Additions To Fleet _____				# Replacements to Fleet _____				Units To Be Purchased/Leased _____		
Nature of Business:										
<input type="checkbox"/> Construction	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Delivery	<input type="checkbox"/> Food/Grocery	<input type="checkbox"/> Refuse	<input type="checkbox"/> Municipal	<input type="checkbox"/> Beverage				
<input type="checkbox"/> Mixer (concrete)	<input type="checkbox"/> Tank	<input type="checkbox"/> Crane	<input type="checkbox"/> Hazardous/Toxic	<input type="checkbox"/> Tow Recovery	<input type="checkbox"/> Material Hauling	<input type="checkbox"/> Other (specify): _____				
Is Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Inactive month(s)			Annual Mileage: _____		Equipment Operates: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate			
<input type="checkbox"/> Retail	<input type="checkbox"/> TRAC	<input type="checkbox"/> FMV	<input type="checkbox"/> Fixed	Float <input type="checkbox"/> # Months _____	Requested Term _____		Balloon / Residual _____%	Payment Stream <input type="checkbox"/> Level <input type="checkbox"/> Skips (months) _____		

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm or person this application is made 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 as part of said investigation.

Applicant Signature

Title

Date