



2441 Warrenville Road Suite 310
Lisle, Illinois 60532



PROGRAM SPONSOR	RoadOne IntermodaLogistics	PROGRAM CONTACT	
PROGRAM EMAIL:		PROGRAM PHONE	

CREDIT APPLICATION

APPLICANT (COMPLETE LEGAL NAME OF BUSINESS):					
BUSINESS ADDRESS:			VEHICLE ADDRESS:		
BUSINESS CITY:			VEHICLE CITY:		
BUSINESS STATE:	BUSINESS ZIP:		VEHICLE STATE:		VEHICLE ZIP:
PHONE:	FAX:		WEBSITE:		
# YRS IN BUSINESS:	FEDERAL TAX ID:		BUSINESS EMAIL:		
# YRS AS DRIVER:	# OF YEARS O/O:		WILL YOU DRIVE THE UNIT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EXISTING FLEET SIZE

	# FINANCED	# LEASED (CAPITALIZED)	# OWNED	# TOTAL
TRUCKS/TRAILERS:				

GUARANTORS / PRINCIPALS

NAME OF GUARANTOR / PRINCIPAL (FIRST, MI, LAST)					
ADDRESS:					
CITY:				SSN:	
STATE:	ZIP:		DATE OF BIRTH:		
HOME PHONE:	CELL PHONE:		EMAIL:		
OWN/RENT/OTHER				YRS AT ADDRESS	

PERSONAL REFERENCES

NAME			RELATIONSHIP:	
ADDRESS:				
STATE:	ZIP:		HOW LONG KNOWN?	
HOME PHONE:	CELL PHONE:		EMAIL:	
NAME			RELATIONSHIP:	
ADDRESS:				
STATE:	ZIP:		HOW LONG KNOWN?	
HOME PHONE:	CELL PHONE:		EMAIL:	
NAME			RELATIONSHIP:	
ADDRESS:				
STATE:	ZIP:		HOW LONG KNOWN?	
HOME PHONE:	CELL PHONE:		EMAIL:	

ROADONE HAULING EXPERIENCE

OWNER OPERATOR or DRIVER		MONTH/YEAR STARTED	
ROADONE LOCATION		LAST YEAR REVENUES	PHONE:

CURRENT / PREVIOUS HAULING/EMPLOYMENT REFERENCES

CURRENT/PREVIOUS		PHONE:	
PRIMARY CONTACT:		START DATE	END DATE
EMPLOYEE OR OWNER OPERATOR		LAST YEAR REVENUE	
PREVIOUS		ANNUAL REVENUE:	
PRIMARY CONTACT:		YRS OF SERVICE:	PHONE:
EMPLOYEE OR OWNER OPERATOR		LAST YEAR REVENUE	
PREVIOUS		ANNUAL REVENUE:	
PRIMARY CONTACT:		YRS OF SERVICE:	PHONE:
EMPLOYEE OR OWNER OPERATOR		LAST YEAR REVENUE	

EQUIPMENT REFERENCE

CREDIT/FINANCE COMPANY NAME:		PHONE:	
ACCOUNT #			

TRANSACTION DETAIL

YEAR:		MAKE:		MODEL:	
SPECs - ENGINE, MILES, TRANS, SLEEPER SIZE, ETC.				New or Used:	
EXT WARRANTY:		TERM:		NAME OF WARRANTY:	
SELLING PRICE:			TAXES:		
NET TRADE IN:			TAX EXEMPT?:		
CASH DOWN:			AMOUNT TO FINANCE:		

The undersigned individual(s) certifies the following: (1) the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit; (2) Dealer and Engs Finance Corp. ("ECF"), jointly or separately, are authorized to investigate and verify any information provided and to make inquiry to other creditors as to your credit worthiness for the transaction contemplated herein. ECF is authorized to receive, exchange with others and to update such credit information as appropriate during the term of the transaction. You have the right to a written statement of the specific reasons for the denial, if your application is declined. Please contact ECF at credit@engsfinance.com within 60 days from the date you are notified of our decision for a written statement, and a written statement of decline reasons will be sent to you within 30 days of receiving your request.

SIGNATURE:			
PRINT NAME:		DATE:	