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TRANSPORTATION INDUSTRY APPLICATION

Business Information Legal Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County: _____ Business Phone # _____

Business Type: Corp LLC Sole Proprietor Partnership

Tax ID: _____ Motor Carrier # _____ Years in Business _____ Years Driving _____

of Trucks in Operation: _____ # of Trailers: _____ Type of Trailers: _____ # of Owner/Operators: _____

If owner operator how many companies have you worked for in last 5 yrs: _____ Who are you working with now: _____

3 Largest Customers 1. _____ % _____ 2. _____ % _____ 3. _____ % _____

Cost of Equipment you Plan to Purchase: \$ _____ Brand _____ Model _____

Preferred Dealer _____ City _____ ST _____ Phone _____

Major Credit References - Business/Personal (Include / Bank) _____

Name _____ Contact _____ Phone # _____ Acct# _____

Name _____ Contact _____ Phone # _____ Acct# _____

Name _____ Contact _____ Phone # _____ Acct# _____

1ST Owner Information Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Cell # _____ Home # _____ Email address: _____

Social Security # _____ Estimated Income: \$ _____ Estimated Net Worth: \$ _____

Ever filed Bankruptcy: Yes No If Yes, When: _____ Any Judgments/Liens: _____ Years at current address: _____

2nd Owner Information Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Cell # _____ Home # _____ Email address: _____

Social Security # _____ Estimated Income: \$ _____ Estimated Net Worth: \$ _____

Ever filed Bankruptcy: Yes No If Yes, When: _____ Any Judgments/Liens: _____ Years at current address: _____

Everything that I have stated in this application is correct. I understand that Aladdin Capital Inc. and Aladdin Financial Inc. will retain this application whether or not it is approved. Aladdin Capital Inc. and Aladdin Financial Inc. are authorized to check my credit and employment history and to answer questions about the Bank's credit experience with me. I also agree to notify Aladdin Capital Inc. and Aladdin Financial Inc. immediately in writing of any significant adverse change in my financial condition.

My signature authorizes all bank and trade references to release relevant information for the purpose of obtaining credit from Aladdin Capital Inc. and Aladdin Financial Inc.

Signature Date Signature Date

Printed Name Printed Name

*Please complete the form then print and sign and send a scanned copy to sales@aladdincap.com. You may also fax a signed copy to 605.271.0592.