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2 MINUTE 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 you are an owner operator how many companies have you worked for in last 5 years: 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

1st Owner Information Name: Address:

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

Social Security # Estimated Income: \$ Estimated Net Worth: \$ Date of Birth:

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: \$ Date of Birth:

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. will retain this application whether or not it is approved. Aladdin Capital is 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 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.

Signature Date Signature Date
Printed Name Printed Name