

Hagerstown, MD 21742

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**I HAVE SPOKEN WITH (Select One):** Jay McDowell, Managing Partner, Colleen Camby, Funding Manager,  
**One of Our Other Funding Officers (Write Name):** \_\_\_\_\_, or **Nobody Yet.**

**I - BUSINESS INFORMATION**

|  |              |                 |                |              |  |           |  |  |  |
|--|--------------|-----------------|----------------|--------------|--|-----------|--|--|--|
| YOUR BUSINESS LEGAL NAME (If no business name - write personal name for business name) |              |                 |                | TODAY'S DATE |  | PHONE #   |  |  |  |
| ADDRESS  |              | CITY            |                | STATE        |  | ZIP CODE  |  | FAX #  |  |
| DATE ESTABLISHED   | OR START UP? | YRS/CURR. ADDR. | # OF EMPLOYEES | FED TAX ID#  |  | STRUCTURE |  | <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORPORATION<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. |  |

**II - OWNERSHIP INFORMATION (NEED ALL OWNERS)**

|  |                               |   |                   |   |               |   |               |              |  |                                  |             |
|--|-------------------------------|---|-------------------|---|---------------|---|---------------|--------------|--|----------------------------------|-------------|
| APPLICANT'S NAME                                 |                               |   | SOCIAL SECURITY # |   | DATE OF BIRTH |   | EMAIL ADDRESS |              |  |                                  |             |
| HOME ADDRESS                                     |                               | CITY  |                   | STATE   |               | ZIP CODE                                    |               | HOME PHONE # |  | MOBILE PHONE #                   | % OWNERSHIP |
| <input type="checkbox"/> OWN                     | <input type="checkbox"/> RENT | # OF YEARS _____                                |                   |   |               |   |               |              |  |                                  |             |
| FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT) |                               |   |                   | CITY  |               | STATE                                       |               | ZIP CODE     |  | # OF YEARS AT THIS ADDRESS _____ |             |
| MARITAL STATUS                                   |                               |   | SPOUSE'S NAME     |   |               | SPOUSE'S MOBILE #                           |               |              |  |                                  |             |
| SINGLE _____                                     | MARRIED _____                 | DIVORCED _____                                  |                   |   |               |   |               |              |  |                                  |             |
| CO-APPLICANT'S NAME                              |                               |   | SOCIAL SECURITY # |   | DATE OF BIRTH |   | EMAIL ADDRESS |              |  |                                  |             |
| HOME ADDRESS                                     |                               | CITY  |                   | STATE   |               | ZIP CODE                                    |               | HOME PHONE # |  | MOBILE PHONE #                   | % OWNERSHIP |
| <input type="checkbox"/> OWN                     | <input type="checkbox"/> RENT | # OF YEARS _____                                |                   |   |               |   |               |              |  |                                  |             |
| # OF TRAILERS OWNED _____                        |                               | <input type="checkbox"/> FIRST TRAILER PURCHASE |                   | <input type="checkbox"/> NUMBER OF TRAILERS OWNED |               | <input type="checkbox"/> ADDITIONAL TRAILER |               |              |  |                                  |             |

**III - TRAILER DEALER (FOR TRAILER YOU ARE PURCHASING)**

|   |  |  |               |  |                        |  |         |  |
|---|--|--|---------------|--|------------------------|--|---------|--|
| NAME OF TRAILER DEALER & CONTACT PERSON |  |  | TRAILER PRICE |  | YEAR & MAKE OF TRAILER |  | PHONE # |  |
|---|--|--|---------------|--|------------------------|--|---------|--|

**IV - EXPERIENCE**

|                                 |  |                                    |  |   |  |
|---------------------------------|--|------------------------------------|--|---|--|
| TOTAL # OF YEARS WITH CDL _____ |  | # OF YEARS AS OWNER/OPERATOR _____ |  | THIS NEW TRAILER TO WORK FOR - COMPANY? |  |
|---------------------------------|--|------------------------------------|--|---|--|

**V - TRAILER USAGE**

|                                |                                   |                                    |                                    |                                 |                                   |                                    |                                 |  |  |
|--------------------------------|-----------------------------------|------------------------------------|------------------------------------|---------------------------------|-----------------------------------|------------------------------------|---------------------------------|--|--|
| ROUTES                         |                                   |                                    | HAULING                            |                                 |                                   |                                    | DO YOU HAVE YOUR OWN AUTHORITY? |  |  |
| <input type="checkbox"/> LOCAL | <input type="checkbox"/> REGIONAL | <input type="checkbox"/> LONG HAUL | <input type="checkbox"/> DRY GOODS | <input type="checkbox"/> REEFER | <input type="checkbox"/> FLAT BED | <input type="checkbox"/> HAZARDOUS | <input type="checkbox"/> OTHER  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

**VI - EMPLOYMENT HISTORY FOR PAST FIVE YEARS (LIST PRESENT OR LAST EMPLOYER FIRST)**

|                                  |  |  |                     |  |               |                  |           |  |
|----------------------------------|--|--|---------------------|--|---------------|------------------|-----------|--|
| NAME & ADDRESS OF COMPANY        |  |  | PHONE #             |  | POSITION HELD |                  | HOW LONG? |  |
| NAME & ADDRESS OF COMPANY        |  |  | PHONE #             |  | POSITION HELD |                  | HOW LONG? |  |
| EXPECTED WEEKLY GROSS REVENUE \$ |  |  | EXPECTED MILES/WEEK |  |               | EXPECTED \$/MILE |           |  |

The undersigned acknowledge(s) the statements on this application are true, correct and accurate to the best of my/our knowledge and may be used by Perry Funding LLC, its affiliates, funding sources and lenders to make credit decisions. The undersigned authorize(s) Perry Funding LLC, its affiliates, funding sources and lenders to obtain credit reports from credit bureaus and repositories, and to obtain consumer and business information from banks, credit unions, vendors, lenders, and other credit reporting services, and authorizes, directs and requests any and all of the aforesaid to furnish such information in a timely fashion to Perry Funding LLC, its affiliates, funding sources and lenders. The undersigned acknowledge(s) that this signed application form is strictly for the purpose of obtaining business/commercial credit, that this signed application form is an application for credit only, and that the final terms of any loan, lease, or financing will be based upon the documents themselves. No approval or commitment exists until the applicant/join applicants receive(s) a written approval or commitment from Perry Funding LLC, its affiliates, funding sources or lenders. All of the above referenced credit references and sources are directed by the undersigned to accept a photocopy of my/our signature(s) as if it were the original, by fax or email.

APPLICANT'S NAME (PRINT) \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT'S NAME (PRINT) \_\_\_\_\_ CO-APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_