



Required Paperwork
 •Driver's License •W-9 •Authority Paperwork
 •Certificate of Insurance •Articles of Incorporation

PO Box 72166
 Marietta, GA 30067

COMPANY PROFILE INFORMATION

| | | | | |
|-----------------------------|---------------------|---|----------------------------|----------------------------|
| FULL LEGAL NAME OF BUSINESS | | PHONE NUMBER | FAX | DATE ESTABLISHED |
| STREET ADDRESS | | CITY | STATE | ZIP |
| MAILING ADDRESS | | CITY | STATE | ZIP |
| TYPE OF BUSINESS | | COUNTY LOCATION | STATE OF INCORPORATION/LLC | |
| URL/WEB SITE ADDRESS | FEDERAL I.D. NUMBER | DATE BUSINESS STARTED | Corporation | Partnership LLC Individual |
| STATE TAX ID NUMBER | # OF EMPLOYEES | Prior Business Name(s) in Past Five Years | | |

EQUIPMENT INFORMATION

| | | | |
|-------------------|----------------------|--|---------------------------|
| MC # | US DOT # | STATE AUTHORITY # | # POWER UNITS OWNED |
| # TRAILERS OWNED | # POWER UNITS LEASED | # TRAILERS LEASED | # OF COMPANY DRIVERS USED |
| # OWNER OPERATORS | # BROKERS USED | X ALL THAT APPLY: COMMON CARRIER CONTRACT BROKER OTHER | |

DISPATCHER / PRIMARY CONTACT INFORMATION

| | | | |
|------|-------|--------------|-----|
| NAME | EMAIL | PHONE NUMBER | FAX |
|------|-------|--------------|-----|

OWNERSHIP INFORMATION

| | | |
|----------------------|-------------|----------------------|
| OFFICER/PARTNER NAME | % OWNERSHIP | TITLE |
| HOME ADDRESS | CITY | STATE ZIP HOME PHONE |

ACCOUNTS RECEIVABLE INFORMATION

| | | | |
|-------------------------|--------------------------------|--------------------------|---|
| A/R OUTSTANDING (\$) | AVE. INVOICES PER MONTH | AVE. INVOICE AMOUNT (\$) | PROJECTED MONTHLY FACTORING VOLUME (\$) |
| APPROX # OF ACCOUNTS | PROJECTED START DATE WITH OTR? | | |
| CURRENT FACTOR COMPANY? | CONTRACT(Y/N) | BUY OUT AMOUNT TO DATE | |

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. OTR Capital ("OTRC") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTRC for that purpose. OTRC may disclose to any other interested parties information as to OTRC's experience or transactions with my/our account. I/We understand that OTRC will retain this application and any other credit information OTRC receives, even if no credit is granted. These representations and authorizations extend not only to OTRC, but also to any insurer of the credit and to any investor to whom OTRC may sell all or part of the credit. I/We further authorize OTRC to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit. I shall be responsible for any court costs or attorney fees incurred by OTRC in the collection of the undersigned's account. By signing this form, I hereby submit to the exclusive jurisdiction of and venue in the state courts located in Cobb County, Georgia.

AUTHORIZATION SIGNATURES OF EACH OWNER/APPLICANT

| | | | |
|-----------|------------|-------|------|
| SIGNATURE | Print Name | TITLE | DATE |
| SIGNATURE | Print Name | TITLE | DATE |

Referred By GetMyAuthority.com

Thanks,
Justin Klieber
 OTR Capital

Phone: 303.455.0124
Fax: 303.455.0126