

Date: _____
 Time: _____

Scott Davis: Regional Sales Manager
 Work: 570-754-3511
 Fax: 570-754-7025
 scott@summitrailer.com

"If it appreciates
 Buy it!!!
 If it depreciates
 Lease it!!!



Estimated Monthly Miles	
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7173 East 87th Street Indianapolis, IN 46256
 Lease Application - Owner Operator

PERSONAL INFORMATION

Last Name, First Name (REQUIRED)		Social Security # (REQUIRED)		Date of Birth	AGE	# Dependents
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		Spouse/Co-Applicant	Social Security #	Home Phone		Other Phone (Cell)
Company Name:		ST/RR/BOX	CITY	STATE	ZIP	County
Year Established:	Month Established:	Federal Tax ID #	MC#	DOT#		
Monthly Gross:	Monthly Net:	# of Trucks:	# of Trailers:	% of company owned:		
How Long At Present Address	Present Home Address	ST/RR/BOX	CITY	STATE	ZIP	County
Previous Address If Not 5 Years At Present	How Long	ST/RR/BOX	CITY	STATE	ZIP	County
Property:	Mailing Address	ST/RR/BOX	CITY	STATE	ZIP	
<input type="checkbox"/> Renter <input type="checkbox"/> Homeowner	Name		Address	Phone 1	Phone 2	Relation
At Least Two Nearest Relatives Not Living At Present Address						

Haul Reference/Employment Background

Driving/Employment History	Company Name	City/State	Phone	Contact	Goods Hauled	How Long?
Last Five Years List Current First						
If Own Authority List Two Main Hauls						

Will You Be Driving This Equipment?		# of Yrs As Driver		Applicant Driver's License #	Issue State	Expiration
<input type="checkbox"/> Yes - # of Yrs CDL Experience?		# of Yrs As Owner/Oper				
<input type="checkbox"/> No - If No, Complete Driver's Information Below						
Drivers Name, Address, City, State, Zip			# Yrs Exper	Drivers License Number	Issue State	Expiration
Insurance Agent Name	Policy Number	Phone #	Fax #	Email Address		

Credit / Financial Information

Name of Bank, City, Phone, Account #	Have You Ever Filed Bankruptcy?	Have You Had Any Items Repossessed?	Judgements Or Collections?	Contingent Liabilities?
	<input type="checkbox"/> No <input type="checkbox"/> Yes - When Attach Explanation	<input type="checkbox"/> No <input type="checkbox"/> Yes - When Attach Explanation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				

Creditors/Trade References - Include All Trucks, Trailers, Autos, Real Estate & Leases

Creditor - Name & Address	Phone #	Account #	Collateral	Balance Owed

List All Truck and Trailers (Owned or Leased)

Year	Make	Company Hauling For & Where Financed?

Certification / Disclosure Authorization

I certify that all above information is true and correct and hereby authorize all of my credit and haul/employment references to release any its assignees to verify any and credit information, including, however not limited to banks, trades and credit reports.

x _____
 (Applicant Signature)

x _____
 (Spouse, Co-Applicant Signature)

x _____
 Date

Date: _____
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Personal Financial Statement

ASSETS	AMOUNT
Liquid Cash in Bank	
Stocks	
Receivables	
Real Estate Owned:	
Owner Occupied	
Income Property	
Commercial Property	
Automobiles	
Personal Assets	
Cash Value Life Insurance	
Other Assets – Itemize:	
TOTAL ASSETS	

LIABILITIES	AMOUNT
Loans Payable to Banks	
Loans Payable to Others	
Real Estate Mortgages:	
Owner Occupied	
Income Property	
Commercial Property	
Other Liens Payable	
Unpaid Income Taxes	
Other Debt – (credit card, etc.):	
Total Liabilities	
Net Worth	
TOTAL LIABILITIES & NET WORTH	

Address of Property & Description (House, Apt, etc)	Date Acquired	Cost	Market Value	Mortgage Amount

SOURCES OF INCOME	GENERAL INFORMATION
Salary:	
Spouse Salary:	Are you a defendant in any suit or legal action?
Bonus & Commission:	
Dividends:	Have you ever filed bankruptcy?
Real Estate Income:	
Other Itemized Income:	Any other business connections?
TOTAL =	

THE SIGNER CERTIFIES THE ABOVE INFORMATION HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

X _____ (Applicant Signature)	Date _____
X _____ (Print Name)	
X _____ (Spouse/ Co-Applicant Signature)	Date _____
X _____ (Print Name)	

I hereby authorize Quality Leasing Co., Inc. and/or its assignees to verify any credit information, including, however not limited to banks, trades and credit reports.

Date: _____
Time: _____

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Required Documents for Underwriting

Your last 3 Months Bank Statements

Your last 2 Years Tax Returns

Last 2 Years Business Tax Returns (If applicable)

*****Need business taxes through Schedule C*****

Certificate of Insurance (Required prior to funding)

*****Quality Leasing must be listed as additional Insured and loss payee*****

Address for Insurance Certificate is required to read:

Quality Leasing Company ISAOA ATIMA

C/O Van Wagenon

P.O. Box 390543

Minneapolis, MN 55439

Additional documentation may be required for underwriting purposes.