



Please save and fill out the form and email to pjacobs@carcoint.com

2721 Midland Blvd.
Fort Smith, AR 72904 Phone: 479-441-3270
Fax: 479-441-3273
Email: pjacobs@carcoint.com

NOTICE OF JOINT INTENT: WE INTEND TO APPLY FOR JOINT CREDIT. APPLICANT'S INITIALS: _____ CO-APPLICANT'S INITIALS: _____						
BUSINESS	BUSINESS NAME/LESSEE			BUSINESS TELEPHONE ()		
	STREET ADDRESS			MOBILE ()		
	MAILING ADDRESS		COUNTY	IF YOU'RE IN THE TRUCKING BUSINESS, HOW MANY UNITS DO YOU CURRENTLY OWN?		
	TYPE OF BUSINESS	BUSINESS START DATE	YEARS OF EXPERIENCE IN THE FIELD	FEDERAL TAX IDENTIFICATION NUMBER		
	LOCATION OF EQUIPMENT (STREET/CITY/STATE/ZIP/COUNTY)			BUSINESS WEBSITE		
CONTACT NAME		ANNUAL SALES	EXEMPT FROM STATE SALES/USE TAX? YES NO	HAS COMPANY/OWNER(S) EVER FILED BANKRUPTCY YES NO IF YES, WHEN?		
OWNERSHIP Must state 100% of ownership	<input type="radio"/> PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> C-CORP <input type="radio"/> S-CORP <input type="radio"/> NON-PROFIT <input type="radio"/> LLC					STATE OF INCORPORATION
	PRINCIPAL'S NAME	TITLE	% OF OWNERSHIP	Contact Phone	Social Security #	D.O.B
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			E-MAIL ADDRESS		
	PRINCIPAL'S NAME	TITLE	% OF OWNERSHIP	Contact Phone	Social Security #	D.O.B
	HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)			E-MAIL ADDRESS		
LOANS/LEASES	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE ()	
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER			
	LOAN/LEASING COMPANY		ORIGINAL LOAN/LEASE AMOUNT		TELEPHONE ()	
	START DATE (MONTH/YEAR)	TERM/MONTHLY PAYMENT	ACCOUNT NUMBER			
BANK REFERENCES	BANK	BRANCH/CITY	CONTACT	TELEPHONE ()		
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN		
	BANK	BRANCH/CITY	CONTACT	TELEPHONE ()		
	ACCOUNT UNDER THE NAME OF		ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN		
TRADE REFERENCES	COMPANY NAME	ADDRESS	CONTACT	TELEPHONE		
	LANDLORD/MORTGAGEE					
TRANSACTION SUMMARY	EQUIPMENT COST (including taxes/fees)	DOWN PAYMENT/TRADE-IN (if any)	AMOUNT REQUESTED		DESIRED TERM	
	VENDOR/SUPPLIER OF EQUIPMENT	CONTACT	PHONE NUMBER		NEW USED If used, hours used, yr. of mfgr.	
	COLLATERAL DESCRIPTION (Mfg., Model and Serial Numbers) - ATTACH SALES ORDER OR QUOTE					

By signing below, I/we authorize lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer and/or business credit reports relating to my/our credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit for reviewing or collecting the resulting account. By signing below, I/we affirm my/our identity as the respective individual(s) identified in this application and authorize you to contact me/us at any numbers provided above. I/we also certify that all loan proceeds will be used exclusively for business related purposes. If the business is a corporation or partnership, all authorized owners/principals must sign and include their corporate/partnership title. A Photostat or facsimile copy of this authorization shall be valid as the original.

CREDIT RELEASE AUTHORIZATION

I hereby certify that the information contained in this credit application is true and accurate and I/we hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat copy of this authorization shall be as valid as the original.

SIGNATURE _____ Title _____ Date _____

SIGNATURE _____ Title _____ Date _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.