



If you're filling this out on a computer, please download, open in Adobe Acrobat, then click in the field and begin typing.  
 (You can tab between fields if you like.) or complete by hand.

**Once completed, print then fax application to (913) 648-9473 or scan and email to apply@trucksathand.com**

BUSINESS INFORMATION					
Company Name:		Business Phone:		Business Fax:	
Physical Address:		City:		State:	Zip Code:
Years Under Same Ownership:	Type of Business:	Corporation	Partnership	Proprietorship	Municipality Nonprofit LLC
Federal ID Number:		Date of Incorporation/Organization:			

PERSONAL INFORMATION					
Include all owners to account for 100% of company ownership					
Owner 1 Primary Contact Name:		Title:		Ownership %:	SSN:
Home Phone:	Business Phone:	Alternate Phone:		E-mail Address:	
Home Address:		City:		State:	Zip Code:
Owner 2 Primary Contact Name:		Title:		Ownership %:	SSN:
Home Phone:	Business Phone:	Alternate Phone:		E-mail Address:	
Home Address:		City:		State:	Zip Code:
Owner 3 Primary Contact Name:		Title:		Ownership %:	SSN:
Home Phone:	Business Phone:	Alternate Phone:		E-mail Address:	
Home Address:		City:		State:	Zip Code:
Has any Owner/Officer filed for bankruptcy in the past 3 years?					

EQUIPMENT INFORMATION
Please attach the Trucks at Hand Spec Sheet
Stock # or Description:

**The undersigned authorizes all parties contacted to release credit and financial information requested by Entegra Capital and its assigns.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_