



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:		Date of Birth:	SSN:
Home Phone:	Business Phone:	Ownership %		E-mail Address:	
Home Address:		City:		State:	Zip Code:
Owner 2 Primary Contact Name:		Title:		Date of Birth:	SSN:
Home Phone:	Business Phone:	Ownership %		E-mail Address:	
Home Address:		City:		State:	Zip Code:
Owner 3 Primary Contact Name:		Title:		Date of Birth:	SSN:
Home Phone:	Business Phone:	Ownership %		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 proof of Time in Business for Sole Proprietorship
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 \_\_\_\_\_