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BUSINESS INFORMATION				
FULL BUSINESS NAME		BUSINESS TELEPHONE	BUSINESS FAX	
INDIVIDUAL NAME		MOBILE TELEPHONE	DRIVERS LICENSE NUMBER	
DBA (if applicable)				
PHYSICAL ADDRESS		CITY	COUNTY	STATE
<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		FEDERAL TAX ID (if applicable)	EMAIL ADDRESS	
YEAR ESTABLISHED				

OTHER PRINCIPALS			
NAME OF PRINCIPAL 1	TITLE	SOCIAL SECURITY NUMBER	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL 2	TITLE	SOCIAL SECURITY NUMBER	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL 3	TITLE	SOCIAL SECURITY NUMBER	PERCENT OF OWNERSHIP
NAME OF PRINCIPAL 4	TITLE	SOCIAL SECURITY NUMBER	PERCENT OF OWNERSHIP

BANK REFERENCES		
BANK NAME 1	ACCOUNT NUMBER	ACCOUNT TYPE
CONTACT FIRST NAME	CONTACT LAST NAME	TELEPHONE
BANK NAME 2	ACCOUNT NUMBER	ACCOUNT TYPE
CONTACT FIRST NAME	CONTACT LAST NAME	TELEPHONE
GUARANTEES AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE LIST	HAVE YOU EVER FILED FOR BANKRUPTCY OR VOLUNTARILY SURRENDERED OR HAD ANY ITEM REPOSSESSED? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "Yes", please give full details on reverse side of this application</small>

INSURANCE INFORMATION			
BROKER FIRST NAME	BROKER LAST NAME	FAX NUMBER	TELEPHONE NUMBER
BROKER ADDRESS		CITY	STATE
			ZIP

**1. You must complete a Financial Statement and return via fax (925-867-4684), or email to [jengs@engsfinance.com](mailto:jengs@engsfinance.com)**  
**Obtain the forms by visiting: [http://www.engsfinance.com/public/ENGS\\_Statement.pdf](http://www.engsfinance.com/public/ENGS_Statement.pdf)**

**2. Please submit a list of FINANCED OR LEASED equipment NOT included in Financial Statement.**  
**(INCLUDE: Terms, Balance, and Lessor Information)**

**Optional: For additional forms for scheduled items visit: [http://www.engsfinance.com/public/ENGS\\_Schedules.pdf](http://www.engsfinance.com/public/ENGS_Schedules.pdf)**

By signing below, you certify that the statements above and on any attachment(s) are true and complete as of the date given below. You authorize ENGS MOTOR TRUCK CO., DBA; ENGS COMMERCIAL FINANCE to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including that of your spouse, if you are married and live in a community property state). You also authorize ENGS MOTOR TRUCK CO., DBA; ENGS COMMERCIAL FINANCE to provide credit information about you and your accounts to others for the purpose of processing this application.

SIGNATURES			
DATE	PRINT FULL LEGAL NAME OF SIGNING PARTY	AUTHORIZED SIGNATURE	TITLE