Top Tier Business Solutions, LLC

P.O. Box 360

Plainfield, IN 46168 Phone: (317)644-2243 Fax: (317)613-5922

Visit us @ www.ttbizsolutions.com

"Finance Brokers Working For You"



APPLICANT INFORMATION									
Purchaser's Name (First, Middle, Last)			Social Security #	Date of Birth					
Company Fed Tax ID#	Company Name Circle Type: INC LLC	DBA Corp	MO & YR of INC	Total Years in Business					
Purchaser's Address	City	State	Zip Code	County					
Business Address	City	State	Zip Code	County					
Home or Office Phone #	Cell Phone #	Home Owner Yes No	# of Years There	Monthly Mortgage or Rent Amount					
Driver's License Number	State Expires	Email Address							
Name of Spouse	e of Spouse			Date of Birth					
Spouse's Employer	Time on Job	En	nployer's Phone #	Spouse's Monthly Income					
Nearest Relative NOT living with you:	Phone Number	City and State		Relationship					
Have you ever filed for Bankruptcy? Yes No Year:	Have you ever had a REPO? Yes No Year:	Are you a defendant in any legal actions? Yes No		Do you have any tax Liens? Yes No Year:Amount:					
EMPLOYMENT INFORMATION									
Total Years of Driving Exp with CDL	Total Years as Owner Operator	Please Circle Below First Time Buyer Replacement Equip Additional Equip							
MC/ICC# (if you have your own authority)	Type of Goods Hauled	· ·		Estimated Monthly Income for this Unit					
Name of Driver if different than Owner:	CDL Number and State	State Equip to be Titled & Lic In:		Local / Regional / Longhaul					
What company will this equipment be leased to?			Carrier # of haul source	Contact					
Address City			St Zip	Phone Number					
#2 Haul Source or Past Reference	Contact Person Years There	Phone Number		Please Circle Driver - Owner Op					
#3 Haul Source or Past Reference	Contact Person Years There		Phone Number	Driver - Owner Op					
FINANCIAL INFORMATION									
Personal Bank Name:	Personal Account Balance(Chk/Sav)		Bank Contact Person and Phone Number						
Business Bank Name:	Business Account Balance(Chk/Sav)	Number of Trucks in Fleet		Number of Trailers in Fleet					
Equipment Finance Company Ref:	Phone Number	Year/Make/ Model of Equipment		Estimated Balance					
Equipment Finance Company Ref:	Phone Number	Year/Make/ Model of Equipment		Estimated Balance					
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Assets		Liabilities				
What you own	Value	What you owe	Monthly	Balance Due		
Cash On Hand		Monthly Bills	Payment	Daidlice Duc		
Cash in Banks		Credit Cards				
Vehicles Owned Make Model Year		Vehicles(Amount owed)				
Truck/Trailers(Current Value)		Truck/Trailers(Current Amount Owed)				
Real Estate(Home, Land, Rentals etc)		Mortgages on Real Estate				
Address City/State		Company City/State Acct#				
Other Assets(Stocks, Retirement,etc)		Other Liabilities				
Total Assets	\$	Total Liabilities		\$		
				I		
Net Worth(Assets - Liabilities)>		\$				
			1			
authority to Top Tier Business Solutions LLC or its deprofile from a national credit bureau. Such authoriz	esignee as well as and ation shall extend to d	of the credit applicant or a personal guarantor of its of in addition to any assignee or potential assignee ther obtaining a credit profile in considering this application or collecting the resulting account. A photo static or	eof authorizing review on and subsequently fo	of his/her personal credit or the purposes of update,		
" Applicant"						
XSignature			 Date			
X			Date			
Print Name						
"Co-Signer or Secondary Applicant" (if x						
Signature			Date			
XPrint Name						