

Commercial Application

Emerald Transportation Solutions

Credit Request: Fax Completed Application Back to 678-827-7535

Amount of credit requested:	Type of lease needed:	Term Requested:
Description of Vehicle/Equipment securing the lease: _____		
New or Used: _____ Year Manufactured: _____ Number of Hours/Miles (If used): _____ Anticipated miles per month (If a Vehicle): _____		

Business Information

Legal Name of Business	DBA Name (if different from Legal Name)		
Street Address (a physical address, not a P.O. Box)	City/County	State	Zip
Mailing Address (if different from Street Address)	City/County	State	Zip
Annual Sales : _____	Federal Tax ID #: _____	Business Phone #: (____) _____	# of Employees: _____
Date Established: _____	Current owner Since: _____	Building is: Owned Leased (Term of Lease: _____ Years _____ Mos.)	
Type of Organization:	Proprietorship	C-Corp.	S-Corp. General Partnership Limited Partnership Non-Profit L.L.C. L.L.P.
Average ticket (sales) size: \$ _____			
Briefly describe the product sold or service rendered by your business (e.g. accountant, bike shop, etc): _____			
Who are your major customers: (at least two names)	Name	Approximate % of business you do with this customer	
1.	_____	_____ %	
2.	_____	_____ %	
3.	_____	_____ %	

Business Financial Information

Who is your primary bank? _____	Approximate balance in your checking account at your primary bank: _____			
Contact Name: _____ Phone #: (____) _____	Approximate balance in your other checking account(s): _____			
Account Number: _____	Approximate total balance in your savings account(s): _____			
Who is your accounting firm?	Insurance provider (Life & P&C)?			
Please list all business debt and corresponding payment information:				
Creditor	Account Balance	Payment Amount & Frequency	Interest Rate	Maturity and Collateral
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Principal/Owner/Guarantor Information

1	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Date of Birth		
	Own / Rent Home?	Email Address		

2	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Date of Birth		
	Own / Rent Home?	Email Address		

3	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Date of Birth		
	Own / Rent Home?	Email Address		

4	Name	Social Security Number		
	Home Address	City/County	State	Zip
	% of Ownership is Business	Date of Birth		
	Own / Rent Home?	Email Address		

Certification and Authorization

The signer(s) certifies that he/she is authorized to execute the application for the business named above, and that the information in this application and any other documents submitted in connection with the application are true, correct and complete. The signer(s) authorizes Emerald Transportation Solutions, LLC and/or its assigns to verify the information and to obtain personal, consumer, and/or business credit reports. The signer(s) further agrees to provide additional information upon request and to notify Emerald Transportation Solutions, LLC, promptly of any material change in the information provided in this application.

Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____

Denial Disclosure

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 legal 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 concerning this creditor is the Federal Deposit Insurance Corporation, Suite 1600, One Atlantic Center, 12012 West Peachtree Street, N.E., Atlanta, GA 30309-3449

If your application for credit is denied, you have the right to a written statement of the specific reason(s) for the denial. If you wish to receive that statement, please write to Emerald Transportation Solutions LLC, 185 Etowah Trace, Fayetteville, GA 30214 within 60 days from the date you are notified of the decision. We will send you a written statement of the reason(s) for the denial within 30 days of receiving your written request.