



E M E R A L D
 TRANSPORTATION SOLUTIONS
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BUSINESS CREDIT APPLICATION

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS _____		DBA NAME (IF DIFFERENT FROM LEGAL) _____	
STREET ADDRESS _____		CITY _____	STATE _____ ZIP _____
FEDERAL TAX ID# _____	CELL PHONE# _____	BUSINESS PHONE# _____	

DATE BUSINESS ESTABLISHED _____	NATURE OF BUSINESS (briefly describe): _____
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PRINCIPAL/OWNER/GUARANTOR INFORMATION #1

NAME _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

% OF OWERNERSHIP OF BUSINESS _____ DATE OF BIRTH _____

OWN/RENT HOME? _____ EMAIL ADDRESS _____

PRINCIPAL/OWNER/GUARANTOR INFORMATION #2

NAME _____ SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

% OF OWERNERSHIP OF BUSINESS _____ DATE OF BIRTH _____

OWN/RENT HOME? _____ EMAIL ADDRESS _____

The undersigned certifies under penalty of perjury that the above information , and all attached financial information given for credit purposes is true and accurate and authorizes Emerald Transportation Solutions and its assigns and any credit bureau to verify the references, statements or other data listed in accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. The vehicle(s) will not be used to haul hazardous waste or cargo. All leased vehicles will be used more than 50% in trade or business, and not primarily for personal, family or household purposes.

_____ SIGNATURE	_____ PRINT NAME	_____ DATE	_____ SIGNATURE	_____ PRINT NAME	_____ DATE
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