APPLICATION FOR TRANSPORTATIon FINANCING

# Company Profile

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name |  | Date business commenced: | |  | | |
| DBA |  | Sole proprietorship | |  | # of Trucks |  |
| Registered company addressCity, State ZIP Code |  | Partnership LLC | | Types of Trailers | |  |
| Monthly Volume: | | |
| Phone |  | Corporation | |  | | |
| Do you currently factor? | | |
| Email |  | Other | | Yes  No | | |
| State Filed: |  | If yes, with whom: | | |
| Federal Tax ID # |  | Monthly Volume: | | How did you hear about Widestream? | | |
| MC # |  |

# Owner/officer/partner information (ATTACH ADDITIONAL)

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Home Address |  |
| Last Name |  | City, State, Zip |  |
| Home Telephone |  | Title |  |
| Date of Birth |  | Ownership % |  |
| SS# |  | Have you ever been convicted of a felony? | Yes  No If yes, describe conviction including date and place: |

# BUSINESS/TRADE REFERENCES and insurance info

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company name |  | Contact |  |  |  | Phone Number |  |
| Company name |  | Contact |  |  |  | Phone Number |  |
| Company name |  | Contact |  |  |  | Phone Number |  |
|  |  |  |  |  |  |  |  |
| Insurance Company |  | Contact |  |  |  | Email |  |

# Documents to submit

**Information Submittal Checklist** (Please attach the following and return together with this application to olivia@widestreamcapital.com)

Insurance Certificate  W-9 Form  Articles of Incorporation  Voided Check  Photo ID of each Owner/Officer

By submitting this application, I hereby authorize the release of credit information and any other inquiry deemed necessary by Widestream Capital Inc., for the purpose of business evaluation.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Owner/Officer (Handwritten Signature Only) |  | Owner/Officer (Handwritten Signature Only) |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |