



Charabanc LLC  
1581 Fulenwider Rd., Suite 100  
Gainesville, GA 30507  
PH: 678-971-5891 FAX: 678-971-5892  
credit@charabancfinancial.com

We are excited for the opportunity to work with you and look forward to a long standing partnership for many years to come. Please utilize all of our services to help your business grow. CHARABANC provides the following services;

- Equipment and Real Estate Financing Nationwide.
- Mergers, Acquisitions and Divestitures with both buyer and seller representation.
- Bookkeeping and Accounting services to get you on track to financial freedom.
- Fleet and Business Appraisals.
- Vehicle Sales and Acquisition services either acquiring new equipment for you or selling your equipment from your current fleet.
- Succession planning.

Please see the attached credit application to get started right away. Unless your transaction qualifies for application only processing we will need the following items;

**PLEASE INCLUDE THE FOLLOWING WITH YOUR CREDIT SUBMITTAL:**

- THREE YEARS (3) OF FISCAL YEAR END FINANCIAL STATEMENTS AND CORPORATE TAX RETURNS
- CURRENT INTERIM FINANCIAL STATEMENT WITH SAME PERIOD PREVIOUS YEAR COMPARABLE
- FLEET LIST WITH YEAR, MAKE, MODEL, MONTHLY PAYMENT, ESTIMATED BALANCE AND LIENHOLDER
- FIRST PAGE OF LAST THREE MONTHS COMPANY BANK STATEMENTS
- MOST RECENT PERSONAL TAX RETURNS ON ALL OWNERS

Thank you for this opportunity to serve you better.

Warm Regards,

Jason H. Cash

CEO

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## CREDIT APPLICATION

Date: \_\_\_\_\_

Company Name/DBA \_\_\_\_\_ Fed ID# \_\_\_\_\_

Contact \_\_\_\_\_ ( ) Corp. ( ) Partnership ( ) Sole Proprietor ( ) LLC ( ) PC or PA

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs in Business \_\_\_\_\_

Billing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Years in Industry: \_\_\_\_\_

Email Address \_\_\_\_\_ Where will the equipment be based? \_\_\_\_\_

**PRINCIPAL(S) OR GUARANTOR(S) HAS PRINCIPAL OR COMPANY FILED BANKRUPTCY IN THE LAST 10 YEARS? ( ) YES ( ) NO**

(Name) (Title/%Ownership) (Home Address & Phone) (Date of Birth) (Social Security #)

(Name) (Title/%Ownership) (Home Address & Phone) (Date of Birth) (Social Security #)

Description of Business \_\_\_\_\_ Yrs in Business \_\_\_\_\_ # of Employees \_\_\_\_\_

Bankruptcy in last 10 Years? \_\_\_\_\_ # of pieces of equipment \_\_\_\_\_ Reason for Equipment Acquisition? \_\_\_\_\_

### **BANK REFERENCES (NEED AT LEAST 2 YEAR HISTORY, PLEASE)**

(Name) (Phone) (Account Number) (Date Opened) (Contact Name)

(Name) (Phone) (Account Number) (Date Opened) (Contact Name)

Loan History Past or Present \_\_\_\_\_  
(Bank) (Phone) (Loan Number) (Amount)

Loan History Past or Present \_\_\_\_\_  
(Bank) (Phone) (Loan Number) (Amount)

Loan History Past or Present \_\_\_\_\_  
(Bank) (Phone) (Loan Number) (Amount)

Financial Information:

Gross Revenues year to date \_\_\_\_\_ Gross Revenues Last year \_\_\_\_\_ Gross Revenues two years ago \_\_\_\_\_

Gross Profit or loss year to date \_\_\_\_\_ Gross Profit Last year \_\_\_\_\_ Gross Profit two years ago \_\_\_\_\_

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Business Information:

Type of Business \_\_\_\_\_

Top 5 Customers:	Customer Since:	% of Revenues:	Contact:	Phone Number:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Fleet Size \_\_\_\_\_ Number of Terminals owned and location \_\_\_\_\_

Are you self-insured? \_\_\_\_\_

Insurance Company \_\_\_\_\_ Complete Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Description of Equipment or Vehicle to be purchased

No# Units: \_\_\_\_\_ (New \_\_\_ Used \_\_\_) Year: \_\_\_\_\_ Mfg. Make: \_\_\_\_\_ Model: Type \_\_\_\_\_

Other: \_\_\_\_\_

EQUIPMENT COST \_\_\_\_\_ TERM \_\_\_\_\_ MONTHS PURCHASE OPTION \_\_\_\_\_ #ADV PYMTS \_\_\_\_\_

TRADE IN VALUE \_\_\_\_\_ AMOUNT OWED ON TRADE \_\_\_\_\_ DOWN PAYMENT \_\_\_\_\_ TAX \_\_\_\_\_

NET AMOUNT TO FINANCE \_\_\_\_\_ LEASE OR LOAN \_\_\_\_\_ ESTIMATED DELIVERY DATE \_\_\_\_\_

VENDOR \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

Comments:

By signing below, I and/or we certify that:

- (1) The information provided in the accompanying credit application (whether your form or someone else's) and any financial statements, tax returns, or similar items is true and correct; and (2) I have not omitted or failed to include material information relevant to this credit application. Each of the undersigned authorizes CHARABANC or its assignees to conduct inquiries regarding the undersigned's business operations and individual and business credit histories as it may deem necessary including, without limitation, requesting credit bureau reports, contacting banks, secured lenders, lessors, and trade creditors for references and for information on Bank accounts, Loans, or Leases. CHARABANC will be notified immediately of any material change in the information presented. I/we authorize all parties contacted to release credit and financial information requested as part of said verification.

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I/we agree that anyone receiving a fax or photocopy of this document may act in reliance thereon to the same degree as if they possessed an original.

- (2) Privacy, the Patriot Act, and Opening an Account. Federal law requires CHARABANC or its assignees to obtain, verify and record information that identifies each person or entity that opens an account. This information helps the government fight the funding of terrorism and money laundering activities. When you open an account or apply for a loan or lease, at CHARABANC we will ask you for your name, address, date of birth and Social Security or EIN number. For a business, we will ask for your company's name, address, and Tax Identification number. In some instances we may also ask to see your driver's license or other identifying documents.
- (3) By signing below, I/we certify that as part of our normal business operation I/we do not provide check cashing, exchange currency or issue money orders, traveler's checks, prepaid cards or provide money transfer services for our customers.
- (4) The information provided is true and complete. I understand that in processing my application, an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment, education, criminal records, credit history, motor vehicle records, personal references and other job related data provided on this application or via the interview process.
- (5) I authorize the appropriate individuals, companies, institutions, or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation. I agree that any decision to accept this application is contingent upon results of the investigative reports.

All individuals applying for credit as a guarantor of any loan or lease must sign. If signing as an officer of proposed borrower/lessee AND as an individual, you must sign twice. Do NOT use a title when you sign as an individual.

Signature _____	Signature _____
Title _____	Title _____
Date _____	Date _____

The Equal Credit Opportunity Act (ECOA) prohibits a creditor from discriminating against a credit applicant on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income comes from any public assistance program, or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The Federal Trade Commission administers compliance with ECOA. You may contact the Federal Trade Commission at 600 Pennsylvania Avenue, NW, Washington, DC 20580. If your application is denied, you are entitled to request a written statement indicating the reason(s) for our decision. To receive such a statement, please send your request to: CHARABANC, 102 Colony Park Drive, Suite 700, Cumming, GA 30040. Or contact us at (770) 888-9981.

**Please Fax or Email form to CHARABANC**  
**Fax: 678-971-5892 Email: [credit@charabancfinancial.com](mailto:credit@charabancfinancial.com)**

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