

**CORNERSTONE FINANCIAL SERVICES**

4310 REDWOOD HWY STE 100 SAN RAFAEL, CALIFORNIA 94903

Bus # (415)-479-6530 Fax# (415) 479-6525

**APPLICANT INFORMATION**

Name:

D.B.A (How long running under the name.)

Date of birth:	SSN:	Cell #:
Email:	Home#	Fax#

Current address:

City:	State:	ZIP Code:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Mortgage holder:	How long?
Owner Operator?	Driving Experience (yrs)?	Owner Op (yrs)?
Are you a class A driver?	DL#:	State holding License:

Purchase to drive?  Yes  No (if not please fill out driver information on 3pg.)

How long have you been looking for equip?	How many dealers visited?
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Name:	Phone:	Contact:
Name:	Phone:	Contact:

Applying with any other banks? Any Approvals?

What are the terms and down payment? Approval for truck or trailer?

Name of dealer or third party selling	Phone#
Truck Description	
Year, Make, Model, Engine, Horsepower, Speeds, Mileage, Sleeper, Alum wheels	

Trailer Description
Year, Make, Model, Size, Air or spring? Reefer Hours, Year, Alum, Spread axle and single tandem?

Sales Price	\$ _____
Sales Tax	\$ _____
License	\$ _____
Total	\$ _____
Down Payment or Trade In	\$ _____
To be financed	\$ _____

**MOTOR CARRIER INFORMATION (EMPLOYER)**

Motor Carrier Name:	DOT#	MC#	
Address:	City	State	Zip
Phone:	How many Years?		
Contact Person:	Using Their authority?	Haul Hazmat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Local: <input type="checkbox"/> Apportioned: <input type="checkbox"/>	Drives in Ca: 0-50% <input type="checkbox"/> 51-100% <input type="checkbox"/>	Annual Gross:	

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**CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT**

Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Own <input type="checkbox"/> Rent <input type="checkbox"/>	Mortgage Holder:	How long?
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Holding Class A?	How many Years?	Owner Op?
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Relationship to applicant?	Ever financed commercial Equip?
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Employment Name:	Phone:	Contact:
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**PREVIOUS TRUCK TRAILER PURCHASES  
(FOR BOTH APPLICANT AND CO-APPLICANT)**

Truck/Trailer Description	Finance Company	Payoff Amount	Monthly payment/ Started when? How many payments made?	Cash Amount

Owner Operator/Truck Driver References:	Name and phone: (direct cell preferred)			
	Name and phone: (direct cell preferred)			
	Name and phone: (direct cell preferred)			

**DRIVER(S) INFORMATION**

Driver Name:	DOB:	Height:
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Weight:	CDL#	SSN#
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Address:	City:	State:	Zip:
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Yrs.CDL driving Experience:	# of Violations in last 4 years:
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For the purpose of procuring and maintaining credit, I / we submit the foregoing statement and information contained on this sheet, both written and printed and including supplemental sheets, if any, as being a full, true and correct statement of my / our financial condition on date stated. I / we authorize Cornerstone Financial Services and / or its assigns to make whatever credit inquires it deems necessary in connection with this application. I / we authorize and instruct any person or consumer reporting agency to compile and furnish to Cornerstone Financial Services and / or its assigns any information that it may have or obtain in response to such credit inquiries and agreed that such information, along with the application shall remain the property of Cornerstone Financial Services whether or not the application is approved.

Print Name	Date
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Signature of applicant	Date
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Signature of co-applicant, if for joint account	Date
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