



## PURCHASE CREDIT APPLICATION

### CUSTOMER CREDIT PROFILE

#### CUSTOMER INFORMATION

|   |                     |   |  |   |  |
|---|---------------------|---|--|---|--|
| Full Legal or Company Name                  |                     | Physical Address (No P.O. Box)            |  | City/State/Zip                                    |  |
| Contact Name                                |                     | Billing Address                           |  | City/State/Zip                                    |  |
| Phone Number                                |                     | Fax Number                                |  | E-Mail Address                                    |  |
| Date of Birth                               | Social Security No. | % of Ownership **                         |  | SIC#  |  |
| Headquarters Phone No.                      | Type of Business    | Federal Employer ID No.                   |  | State Organized Under                             |  |
| Incorporated<br>Yes                      No |                     | Tax Exempt<br>Yes                      No |  | Is a P.O. Required<br>Yes                      No |  |

**\*\* If more than one business owner, each owner will need to submit a credit application.**

#### BANKING INFORMATION

|              |  |                |                   |
|--------------|--|----------------|-------------------|
| Bank Name    |  | Bank Phone No. | Bank Fax No.      |
| Bank Address |  | City/State/ZIP | Account Number(s) |
| Contact Name |  | Comments       |                   |

#### INSURANCE INFORMATION

|                 |  |                   |                 |
|-----------------|--|-------------------|-----------------|
| Insurance Agent |  | Agent's Phone No. | Agent's Fax No. |
| Address         |  | City/State/Zip    | Contact Name    |

#### CREDIT & FINANCE COMPANY REFERENCES (TRUCK OR TRAILER)

|                              |  |             |          |
|------------------------------|--|-------------|----------|
| 1. Supplier/Finance Co. Name |  | Phone No.   | Fax No.  |
| Contact Name                 |  | Account No. | Comments |
| 2. Supplier/Finance Co. Name |  | Phone No.   | Fax No.  |
| Contact Name                 |  | Account No. | Comments |
| 3. Supplier/Finance Co. Name |  | Phone No.   | Fax No.  |
| Contact Name                 |  | Account No. | Comments |



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| <b>FLEET &amp; FINANCIAL DATA</b>                                    |         |           |                    |
|--|---------|-----------|--------------------|
|  | OWNED   | LEASED    | RENTED             |
| NUMBERS OF TRUCKS  |         |           |                    |
| NUMBER OF TRAILERS   |         |           |                    |
| CURRENT AGGREGATE MONTHLY LOAN/LEASE PAYMENTS                        |         |           |                    |
| CURRENT AGGREGATE MONTHLY OPERATING LEASE PAYMENTS                   |         |           |                    |
| TOTAL MONTHLY PAYMENTS   |         |           |                    |
| LOCATION OF TERMINAL(S)  |         |           |                    |
| Address #1   |         | Owned     | Leased             |
| Address #2   |         | Owned     | Leased             |
| GEOGRAPHIC MARKETS SERVED  |         |           |                    |
| TYPES OF PRODUCTS HAULED   |         |           |                    |
| LIST TOP 3 ACCOUNTS & THE PERCENTAGE OF OVERALL REVENUE THEY PROVIDE |         |           |                    |
| Company Name   | Contact | Phone No. | % Of Total Revenue |
|  |         |           |                    |
|  |         |           |                    |
|  |         |           |                    |

WHAT IS THE INTENDED USE OF THE EQUIPMENT?      GROWTH      REPLACEMENT

***I authorize the release of Credit, Banking & Insurance information to Darda Management Group, LLC and I acknowledge that the credit terms of which I am requesting are due within 30 days.***

**Authorized Signature**

**Date**

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