



# Titled Vehicle Application

**Gary Bradford** | 866.237.2347 toll free  
 CFR Leasing | 281.427.3500  
 3314 Mission Viejo, Suite 15 | 281.427.2347 fax  
 Baytown, Texas 77521 | www.cfrleasing.com

<b>Business Information</b>	Company Name or if Proprietorship, Name of Individual followed by Assumed Name:				
	Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				
	Business Physical Address (city,state,zip):				
	Business Phone:		Fax:		Website:
	County:		D&B:		Fed Tax Id:
	Date Established:	Date of Inc:	State of Inc:	# of Employees:	# of Years in Business:
	Business Description: <input type="checkbox"/> Owner Operator <input type="checkbox"/> Carrier <input type="checkbox"/> Private Fleet			If Owner Operator, How many years Driving your own truck?:	
	<input type="checkbox"/> Long Haul		<input type="checkbox"/> Short Haul	<input type="checkbox"/> Carrier Contract	<input type="checkbox"/> ICC Authority
	Total # of Trucks _____ Owned _____ Leased _____ Financed			Annual Revenue:	
	Total # of Trailers _____ Owned _____ Leased _____ Financed				
Does the company own real estate property? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the company leasing space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact:		Phone:		Email:	

<b>Guarantor Information</b>	Name:		Title:		% of Ownership:	
	SS#:		DOB:		DL#:	State:
	Home Address (city,state,zip):					Own or Rent
	Home Phone:		Cell Phone:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Name:		DOB:	SS#:		
	Family Reference:		Phone:			
	Address (city,state,zip):					
	Family Reference:		Phone:			
	Address (city,state,zip):					
	Name:		Title:		% of Ownership:	
	SS#:		DOB:		DL#:	State:
	Home Address (city,state,zip):					Own or Rent
	Home Phone:		Cell Phone:		Married:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse's Name:		DOB:	SS#:		
	Family Reference:		Phone:			
	Address (city,state,zip):					
	Family Reference:		Phone:			
	Address (city,state,zip):					



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<b>Insurance Information</b>	Name:	Contact			
	Phone:	Fax:			
<b>Comparable Credit</b>	Lender	Contact	Phone	Highest Amount	
	1.				
	2.				
	3.				
<b>Outstanding Loans</b>	Lender	Start Date	Lease or Loan	Original Amount	Outstanding Amount
	1.				
	2.				
	3.				
	4.				
	5.				
<b>List of Paid For Equipment</b>	Equipment Description	# of Units	Year	Estimated Market Value	
	1.				
	2.				
	3.				
	4.				
	5.				
<b>Real Estate Schedule</b>	Real Estate Owned Address	List Type: -Homestead -Residential -Commerical -Industrial	Estimated Market Value	1st Mortgage	2nd Mortgage
	1.				
	2.				



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<b>Purpose &amp; Amount Requested</b>	Equipment Requested (year, make, model): _____  Description of Use: _____  Base Cost (excluding tax and other fees): _____
<b>Authorization To Obtain Credit</b>	<p><i>By signing below, each undersigned individual who is either a principal of the credit application listed below or a personal guarantor of its obligations, provides written instruction to Lender or its Designee (and any Assignee or Potential Assignee thereof) authorizing review of his/her credit profile considering the application of the credit application and subsequently for the purpose of updating, renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile of this authorization shall be valid as the original. In addition to authorizing review of My/Our credit profile from any national credit bureau, the undersigned also authorizes My/Our financial institutions and creditors to release credit information required by Lessor or its Designee (and any Assignee or Potential thereof).</i></p> <p>Print Name: _____ Date: _____</p> <p>Signature: _____</p> <p>Print Name: _____ Date: _____</p> <p>Signature: _____</p>
<b>Additional Information Required</b>	<p>1) <input type="checkbox"/> Equipment Quote with Equipment Specs &amp; Condition Report (SWC format)</p> <p>2) <input type="checkbox"/> Last six months bank statements</p> <p>3) <input type="checkbox"/> Copy of Assumed Name Certificate or Articles of Incorporation  <i>(Articles must indicate % of ownership. If it does not a notarized letter or previous corporate tax return that will indicate % of ownership is required)</i></p> <p>Note: Corporate tax returns, interim financial statements and personal financial statements may be required.</p>