

PHONE NUMBER
866-262-2581

COBALT FINANCE

FAX NUMBER
866-226-2258

PERSONAL INFORMATION

ALL FIELDS ARE REQUIRED ON APPLICATION

Name (First, Middle Initial, Last)		Married? Yes / No	Spouse's Name (First, MI, Last)			
Social Security Number		Date of Birth		Spouse's Social Security #		Date of Birth
Address			City	State	Zip Code	Years
						Rent Own
Previous Address (if less than 5 years at above address)			City	State	Zip Code	Years
						Rent Own
Home Phone # ()		Applicant Mobile ()		Spouse's Mobile ()		
Business Name (dba) and Address (if different from above information)					Company Type:	
					<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership	
Business Phone Number (if different from above) And Fax Number ()						
Spouse Employer / Company Name		Contact / Supervisor Name		Phone Number ()		
Spouse's Employer Address		Salary	Position Held		Time On The Job	
Nearest Relative (Not Living With You) Name & Address				Phone Number		Relationship
Nearest Relative (Not Living With You) Name & Address				Phone Number		Relationship

HAULING INFORMATION / WORK EXPERIENCE (list most recent first)

Company Name	Contact	Phone Number	Whose Truck?	Product	Income	Route Type	Years
			Company Truck <input type="checkbox"/>				
			Contract Driver <input type="checkbox"/>				
			Owner/Oper <input type="checkbox"/>				
			Company Truck <input type="checkbox"/>				
			Contract Driver <input type="checkbox"/>				
			Owner/Oper <input type="checkbox"/>				
			Company Truck <input type="checkbox"/>				
			Contract Driver <input type="checkbox"/>				
			Owner/Oper <input type="checkbox"/>				

HOW WILL THIS EQUIPMENT BE USED?

Team / Solo	48 States <input type="checkbox"/>	Regional <input type="checkbox"/>	Local <input type="checkbox"/>	Hauling what product?
Company you will be driving for (name, address, phone, contact name):				
Projected income & how paid (% per load, \$ per mile, etc):			What costs will you be responsible for (insurance, gas, etc) & cost?	
Do you have your own authority? Yes / No			Date Received:	ICC#:

DRIVER INFORMATION (if different from purchaser)

Name	Social Security Number	Home Phone Number ()
Address (street, city, state, zip code)	CDL License # & State	Mobile / Pager Number ()

DRIVER'S HAULING INFORMATION / WORK EXPERIENCE (list most recent first)

Company Name	Contact	Phone Number	Whose Truck?	Product	Income	Route Type	Years
			Company Truck <input type="checkbox"/>				
			Contract Driver <input type="checkbox"/>				
			Owner/Oper <input type="checkbox"/>				
			Own Authority <input type="checkbox"/>				
			Company Truck <input type="checkbox"/>				
			Contract Driver <input type="checkbox"/>				
			Owner/Oper <input type="checkbox"/>				
			Own Authority <input type="checkbox"/>				

CREDIT INFORMATION

(circle one) If yes to any, please explain:

Have you ever filed bankruptcy?	yes no	
Are you a defendant in any legal action?	yes no	
Have you ever had an item repossessed?	yes no	

Bank Name / Branch Location / Phone Number	Checking / Savings & Acct. #	Current Balance

VEHICLES - Over the Road Equipment and Personal Automobiles

Year	Make	Model	Financed?	Finance Co., Phone Number & Account #	Balance Owed / Monthly Payment
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		

REAL ESTATE TYPE

<input type="checkbox"/> Live w/ relative	<input type="checkbox"/> Rent	<input type="checkbox"/> Own/Buying	<input type="checkbox"/> House	<input type="checkbox"/> Land&Mobile	<input type="checkbox"/> Mobile Home Only	<input type="checkbox"/> Apt.
Mortgage Company			Mortgage Company Address			
Phone Number			Account Number			
Estimated Resale Value			Estimate Equity		Monthly Payment	

Other Assets	Estimated Value

LIST ALL DEBTS EXCEPT MORTGAGE or VEHICLES (ie: credit cards, education loans, home equity loans, cosigned accounts)

Type	Finance Co., Phone Number & Account #	Balance Owed	Monthly Payment

This Purchase:

1) Replacement Unit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	6) Purchaser to drive?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, are you using a trade?	<input type="checkbox"/>	<input type="checkbox"/>	7) 1st time owner/op?	<input type="checkbox"/>	<input type="checkbox"/>
2) Additional Unit?	<input type="checkbox"/>	<input type="checkbox"/>	8) Using a cosigner?	<input type="checkbox"/>	<input type="checkbox"/>
3) How many tractors _____ trailers _____ do you currently own or lease?					
4) How much money do you have to put down? \$ _____					
5) Source of down payment: TRADE IN: CASH: OTHER:					

I certify that the information stated in this application is true and correct to the best of my knowledge. I further certify that the vehicles leased / financed from Cobalt Finance will be used exclusively for business or commercial purposes. I understand that Cobalt Finance will retain this application whether or not it is approved. You are authorized to verify my employment history and check my credit with reporting agencies or other sources. You are also authorized to answer questions from other lending companies regarding my credit history with your company.

_____	_____
applicant signature and date	co-applicant signature and date
_____	_____
applicant printed name	co-applicant printed name

COBALT FINANCE

Credit Authorization Form

I hereby give permission to release any information regarding my
employment and / or credit history for financing purposes only.

applicant signature and date

printed name

applicant social security number