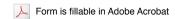


Signature



Date

PERSONAL INFORMATION							
Legal Name of Business:		Tax ID#:					
Address 1:		City:					
Address 2:		State:			ZIP:		
Phone:	Fax:			Date Establi	shed:		
Owners Name:		Position:					
Home Phone:		Cell Phone	e:				
Home Address 1:		City:					
Home Address 2:		State:			ZIP:		
Own or Rent Home:	Current On Mortgaç	je: Yes	s No	Mortgage N	Modification:	Yes	No
How long at current address:	Birth Date:		Email:				
Social Security Number:		Spouse Na	ame:				
BANK REFERENCE							
Name of Bank:		Phone:					
Contact:		Account(s)	#:				
INSURANCE INFORMATION							
Name of Insurance Agent:		Phone:					
Address 1:		City:					
Address 2:		State:			ZIP:		
Policy #:		Expiration	:				
WORK REFERENCES							
List your two largest customers or the hauling co/brokers you currently work for:							
Name 1:	Contact:			Phone:			
Name 2:	Contact:			Phone:			
EQUIPMENT & VENDOR INFO							
Equipment/Vehicle to be financed:				Price:			
Equipment/Vehicle to be financed:				Price:			
Vendor/Seller:	Contact:			Phone:			
Address 1:		City:					
Address 2:		State:			ZIP:		
SIGNATURE							
Applicant authorizes JoVai Capital (JVC) and JoVai's affiliate lenders to carry on a complete credit investigation of applicant and the principals as JVC and affiliate lenders the deems necessary to process this application. Furthermore, by signing below you certify that the statements above and on any attachments are true and complete as of the date given below.							