



Required Paperwork

- Driver's License •W-9 •Authority Paperwork
- Certificate of Insurance •Articles of Incorporation

PO Box 72166
Marietta, GA 30067

COMPANY PROFILE INFORMATION

FULL LEGAL NAME OF BUSINESS		PHONE NUMBER	FAX	DATE ESTABLISHED
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
TYPE OF BUSINESS		COUNTY LOCATION	STATE OF INCORPORATION/LLC	
URL/WEB SITE ADDRESS	FEDERAL I.D. NUMBER	DATE BUSINESS STARTED	Corporation	Partnership LLC Individual
STATE TAX ID NUMBER	# OF EMPLOYEES	Prior Business Name(s) in Past Five Years		

EQUIPMENT INFORMATION

MC #	US DOT #	STATE AUTHORITY #	# POWER UNITS OWNED
# TRAILERS OWNED	# POWER UNITS LEASED	# TRAILERS LEASED	# OF COMPANY DRIVERS USED
# OWNER OPERATORS	# BROKERS USED	X ALL THAT APPLY: COMMON CARRIER CONTRACT BROKER OTHER	

DISPATCHER / PRIMARY CONTACT INFORMATION

NAME	EMAIL	PHONE NUMBER	FAX
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OWNERSHIP INFORMATION

OFFICER/PARTNER NAME	% OWNERSHIP	TITLE
HOME ADDRESS	CITY	STATE ZIP HOME PHONE

ACCOUNTS RECEIVABLE INFORMATION

A/R OUTSTANDING (\$)	AVE. INVOICES PER MONTH	AVE. INVOICE AMOUNT (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)
APPROX # OF ACCOUNTS	PROJECTED START DATE WITH OTR?		
CURRENT FACTOR COMPANY?	CONTRACT(Y/N)	BUY OUT AMOUNT TO DATE	

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. OTR Capital ("OTRC") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTRC for that purpose. OTRC may disclose to any other interested parties information as to OTRC's experience or transactions with my/our account. I/We understand that OTRC will retain this application and any other credit information OTRC receives, even if no credit is granted. These representations and authorizations extend not only to OTRC, but also to any insurer of the credit and to any investor to whom OTRC may sell all or part of the credit. I/We further authorize OTRC to provide any such insurer or investor any information and documentation that they may request with respect to my/our application or credit. I shall be responsible for any court costs or attorney fees incurred by OTRC in the collection of the undersigned's account. By signing this form, I hereby submit to the exclusive jurisdiction of and venue in the state courts located in Cobb County, Georgia.

AUTHORIZATION SIGNATURES OF EACH OWNER/APPLICANT

SIGNATURE	Print Name	TITLE	DATE
SIGNATURE	Print Name	TITLE	DATE

Referred By SKB Trucking Permits & Logistics, Inc.

Thanks,

Justin Klieber
OTR Capital

Phone: 303.455.0124
Fax: 303.455.0126