



FILL OUT AN ONLINE APPLICATION

COMPANY PROFILE INFORMATION

FULL LEGAL NAME OF BUSINESS		PHONE NUMBER	EMAIL	DATE ESTABLISHED
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
COUNTY LOCATION	STATE OF INCORPORATION/LLC	FEDERAL I.D. NUMBER	<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL

EQUIPMENT INFORMATION

MC #	US DOT #	EQUIPMENT TYPE USED (CHECK ALL THAT APPLY)			
# POWER UNITS OWNED	# OWNER OPERATORS	HOTSHOT: Length _____	FLATBED: Length _____		
		<input type="checkbox"/> DRY VAN	<input type="checkbox"/> STRAIGHT TRUCK	<input type="checkbox"/> WEDGE TRAILER	<input type="checkbox"/> RGN
		<input type="checkbox"/> REEFER	<input type="checkbox"/> POWER ONLY	<input type="checkbox"/> CONTESTOGA	<input type="checkbox"/> STEPDECK
				<input type="checkbox"/> DRAYAGE	<input type="checkbox"/> OTHER

PRIMARY CONTACT INFORMATION

NAME	EMAIL	PHONE NUMBER
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OWNERSHIP INFORMATION

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

ACCOUNTS RECEIVABLE INFORMATION

A/R OUTSTANDING (\$)	AVE. INVOICES PER MONTH	AVE. INVOICES AMOUNT (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)
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 ("OTR") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTR for that purpose. OTR may disclose to any other interested parties information as to OTR's experience or transactions with my/our account. I/We understand that OTR will retain this application and any other credit information OTR receives, even if no credit is granted. These representations and authorizations extend not only to OTR, but also to any insurer of the credit and to any investor to whom OTR may sell all or part of the credit. I/We further authorize OTR 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 OTR 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 Fulton County, GA.

AUTHORIZATION SIGNATURES OF EACH OWNER

SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE

MOST COMMON BROKERS / SHIPPERS USED OR THAT YOU INTEND TO USE

1.	2.	3.
4.	5.	6.

WHO REFERRED YOU TO OTR CAPITAL?

NAME	MC #	PHONE NUMBER
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THANKS,  
 OTR SALES  
 OTR CAPITAL LLC

PHONE: 770.882.0124  
 FAX: 770.200.1655