



# APPLICATION FOR FREIGHT BILL FUNDING

Once this application is completed, please fax, e-mail or mail to the address indicated below, with the support items requested on page two.

Bibby Transportation Finance, Inc.  
2 International Plaza Drive, Suite 825, Nashville, TN 37217  
Telephone: 877-692-4229 Fax: 866-420-0649  
sales@bibbytf.com

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## FUNDING PROGRAM INTERESTED IN

*Please check appropriate box*

- KICKSTART**  
HASSLE FREE FUNDING - high advances, no contract, no minimum fees
- EXPRESS**  
MAXIMUM CASH, FAST- high advances, minimum volume \$20,000 per month
- PREMIUM**  
FOR THOSE GROWING FLEETS - high advances, minimum volume \$75,000 per month
- FLEXIBLE**  
TAILORED TO YOUR NEEDS - Up to 90% advance, low fees charged on usage, minimum facility of \$250,000, recourse
- Unsure, I would like to discuss further

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## ADDITIONAL SERVICES

*Please check appropriate box*

- Start-up services
- Fuel Card with checks and ATM access
- Fuel tax reporting
- Driver log auditing
- Discounted insurance services
- Discounted shipping services
- Unsure, I would like to discuss further

*Bibby Marketing representative;*

# BIBBY TRANSPORTATION FINANCE

CONFIDENTIAL CREDIT APPLICATION AND COMPANY PROFILE

PLEASE TYPE OR PRINT



GENERAL BUSINESS INFORMATION				
Legal Name of Business/Corp.				
Trade Name (DBA)				
Primary Business Address				
Alternate Mailing Address				
Telephone	Fax	Cell #	Email	
Legal Form of Business <input type="checkbox"/> Corporation (State _____) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____				
Federal Tax ID#	MC #	Years in Business		
Type of Business (Describe Products or Services)				
Bank	Name	Address	Phone	
Checking Acct #	Savings Acct #	Loan #		
Referred By				

ACCOUNTS RECEIVABLE INFORMATION (Please supply A/R aging and Customer Names and Addresses)				
Total Receivables Outstanding \$	(0-30 days) \$	(31-60 days) \$	(61-90 days) \$	(OVER 90 days) \$
Average Monthly Sales \$		Amount of financing requested \$		
Average Number of Invoices per Month		Average Invoice Value \$		
Total Number of Customers		Average Number of Customers Sold to per Month		
Average N of Days to Collect	Terms of Sale	Purpose for Funding		

BACKGROUND INFORMATION (Please explain any "Yes" answers)		
Has the Company ever factored or pledged its receivables as collateral?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are there any loans, private or commercial, now outstanding?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are any Federal or State taxes, including Payroll Taxes, delinquent?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Are there any Judgements or Liens now pending or in effect against the company?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Has the Company or any of its Principals ever filed for Bankruptcy protection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Has any Owner, Officer, or Principal Manager of the Company ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Does the company do business from more than one place?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Please List:
Has the Company ever operated under a different name?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:
Do you have any ownership in other companies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain:

SUPPORTING DOCUMENTATION Please include the following documents with your application:	
<input type="checkbox"/> Detailed Accounts Receivable Aging <input type="checkbox"/> Master Customer List with contact details <input type="checkbox"/> Recent Financial Statements <input type="checkbox"/> Sample invoices, & supporting document'n (POD, Order etc.)	<input type="checkbox"/> Detailed Accounts Payable Aging <input type="checkbox"/> Copy of I.D. (drivers license or passport) <input type="checkbox"/> Copy of Articles of Incorporation, LLC Certificate of Membership or Partnership Agreement
<input type="checkbox"/> The above items are enclosed <input type="checkbox"/> The above items have been dispatched under separate cover and will arrive _____	

**CUSTOMER PROFILE (Largest or most active accounts)**

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

Company Name	Contact	
Street Address		
City	State	Zip
Phone	Fax	
Account Number	Monthly Volume \$	

**OWNER/OFFICER INFORMATION**

Name	Position	Date of Birth	
Street Address			
City	State	Zip	Phone #
Social Security #	Driver's License #	Ownership Percentage	

Name	Position	Date of Birth	
Street Address			
City	State	Zip	Phone #
Social Security #	Driver's License #	Ownership Percentage	

Name	Position	Date of Birth	
Street Address			
City	State	Zip	Phone #
Social Security #	Driver's License #	Ownership Percentage	

**AUTHORIZATION TO RELEASE INFORMATION**

The information supplied in this Confidential Financing Application, Company Profile form, and all forms and documents submitted (collectively the "Application") to Bibby Financial Services (Holdings), Inc., its subsidiaries or its Assignee (collectively "Funder") in connection herewith is true and correct to the best of my/our knowledge and belief. I/we hereby authorize Funder to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, or other materials or information as requested by Funder and to verify any information provided from any source Funder may choose. I/we grant Funder the right to procure any and all credit or other investigative reports to any party to this application. I/we grant Funder the right to release any of the information contained herein or any results from any investigation of the information contained herein to any third party that may become part of any financing transaction between applicants and Funder or to whom Funder may refer this applicant to for funding. I/we further grant to any source from which Funder has requested information about applicant(s), the authorization to release such information to Funder. Applicant acknowledges that Funder will rely on the information provided herein to make its credit decision regarding Applicant. This Application has been completed and signed under penalty of perjury. A photocopy, including a fax copy, of this authorization may be accepted as an original.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date