

Pre-Qualification Authorization

Please fill out, scan and email to:
support@keepittruckin.com
 Call (888) 893-3335 if you have any questions.



Business Information					
Business Legal Name:			Business DBA Name:		
Business Address:			City:	State:	Zip:
Phone:	Cell Phone:		Fax:	Website:	
Email:			Tax ID (TIN) #:	Time in Business:	
Type of Business:			Amount of Working Capital Requested:		
Business Entity: <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Prop					
Business Landlord/Mortgage Information - REQUIRED					
Landlord/Mortgage Company:			Rent/Own?:		
Rent/Mortgage Payment:			If Rented, Lease Start Date?:		
Landlord Contact Name:			Lease Term?:		
Landlord Contact Phone:			Landlord Fax #:		
Owner(s) Principal(s) Information					
Name (Primary Owner):			Name (2nd Owner):		
Title:	% of Ownership:		Title:	% of Ownership:	
Date of Birth:			Date of Birth:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Own Home: <input type="checkbox"/> Rent: <input type="checkbox"/>			Own Home: <input type="checkbox"/> Rent: <input type="checkbox"/>		
Home Phone:	SSN#:		Home Phone:	SSN#:	
Annual Income:			Annual Income:		
Drivers License # and State if Issue:			Drivers License # and State if Issue:		
Funding Information - REQUIRED					
Gross Annual Revenues: \$			Average Monthly Revenues: \$		
Use of Proceeds:					
Do you have an open Cash Advance at this time: <input type="checkbox"/> Yes <input type="checkbox"/> No			If 'Yes' list cash advance provider and balance: \$		

By electronically submitting this application, the undersigned individual(s), who is either a principal of the credit applicant or personal guarantor of its obligations, provides written instruction and authority to Keep It Truckin', LLC or its Designee and/or Funder, as well as to any assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. A photo static or facsimile copy of this authorization shall be valid as the original. By submitting, I/WE affirm my/our identity as the respective individual(s) identified in the above application and that the above information given is true and factual. Your information is completely secure and will not be shared with any non-authorized third party.

Primary Owner Signature: _____ Date: _____

2nd Owner Signature: _____ Date: _____