



## CARRIER SERVICES APPLICATION

Legal Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Please list the complete and exact name)

Assumed Name(s) or DBA(s) \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Date Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

Type of Business  
 Corporation  
 LLC  
 Partnership  
 Sole Proprietor

# of Company Trks \_\_\_\_\_ Owner Operator Trks \_\_\_\_\_ MC# \_\_\_\_\_

Factored Previously?  Yes  No If Yes, With Whom \_\_\_\_\_ Contract Exp. \_\_\_\_\_

Please list all Owners and Upper Management

Officer Name	Title	Home Address	City, ST, Zip	Social Sec #	% Owned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are there any unsatisfied judgments, tax liens, or lawsuits against you?  Yes  No (If yes, please describe below)

Have all taxes which are due been paid in full?  Yes  No (If no, please describe below)

Have you ever filed bankruptcy or been convicted of a crime?  Yes  No (If yes, please describe below)

Please check each of the programs of potential interest to your company.

- A/R Factoring (for a free rate quote, complete the next page)  
 Fuel Discounts  Tire Discounts  Truck/Trailer Sales

Referral Source - How did you hear about these programs? (check all that apply)

- England employee/agent - name: \_\_\_\_\_  
 Website  Mailing  Other trucking company  
 Advertisement - location: \_\_\_\_\_  
 Other: \_\_\_\_\_

Applicant and the undersigned individuals certify, represent and warrant that the foregoing information is accurate and complete and does not omit any information necessary to make this Application not misleading. England Carrier Services is authorized to order credit and business reports on Applicant and the undersigned individuals, contact references (whether or not listed on this application) and conduct such other investigation and review as England Carrier Services deems appropriate.

Name of Carrier:	By (Name & Signature):	Title:
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are not interested in factoring, please fax this page to 801-974-3590  
 If you are interested in factoring, please complete the next page for a free quote

**COMPLETE THIS PAGE TO RECEIVE A FREE FACTORING RATE QUOTE**

A/R Outstanding Currently \$ \_\_\_\_\_ Average Invoice Amount \$ \_\_\_\_\_

Approximate # of Customers \_\_\_\_\_ Average Monthly Sales \$ \_\_\_\_\_

Customer/Broker List (include all companies you intend to factor)

	Name	MC Number	Telephone Number	Current Balance Outstanding
#1				
#2				
#3				
#4				
#5				
#6				
#7				
#8				
#9				
#10				

Please attach a separate sheet if you intend to factor more than 10 clients

**ADDITIONAL DOCUMENTATION**

1. Current Factoring Contract (if you are currently factoring and interested in factoring)
2. Current A/R Aging Report (if you are interested in factoring)

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England Carrier Services is authorized to file a UCC Financing Statement against all assets of Applicant upon execution of this Application. If financing is not provided pursuant to this Application, the UCC Financing Statement will be terminated.

\_\_\_\_\_ [Name of Carrier]

By: \_\_\_\_\_

Title: \_\_\_\_\_

Signatures required for all individuals listed in the "Ownership Information" section of this application.

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

**Please fax the completed application to 801-974-3590**