



# Coastal Capital Group Inc

223 Wall St., Suite 305, Huntington, NY 11743  
PHONE: (631) 629-4965 FAX: (631)629-4964 EMAIL: [Credit@coastalCapitalGroupInc.com](mailto:Credit@coastalCapitalGroupInc.com)

Online

## I- CUSTOMER INFORMATION

BUSINESS NAME AND ADDRESS		BUSINESS PHONE #	EMAIL ADDRESS	
APPLICANT'S NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	EIN#
ADDRESS, CITY, STATE, ZIP CODE			HOME PHONE #	MOBILE#
OWN _____ RENT _____	HOW MANY YRS _____			% Ownership
FORMER ADDRESS (IF LESS THAN 5 YEARS AT PRESENT)		CITY, STATE, ZIP CODE		HOW LONG IN THIS ADDRESS _____ YRS
MARITAL STATUS	SPOUSE'S NAME		SPOUSE MOBILE #	
SINGLE _____ MARRIED _____ DIVORCED _____				
CO-APPLICANT'S NAME		SOCIAL SECURITY NUMBER	DATE OF BIRTH	EMAIL ADDRESS
ADDRESS, CITY, STATE, ZIP CODE			HOME PHONE #	MOBILE#
OWN _____ RENT _____	HOW MANY YRS _____			% Ownership
HAS EITHER APP EVER FILED BANKRUPTCY? NO ___ YES ___ IF YES EXPLAIN BELOW	IS EITHER APPLICANT A DEFENDANT IN ANY LEGAL ACTION? NO ___ YES ___ IF YES EXPLAIN BELOW	HAS EITHER APPLICANT EVER HAD ANY ITEM REPOSSESSED? NO ___ YES ___ IF YES EXPLAIN BELOW		

EXPLANATION:

# of Trucks Owned \_\_\_\_\_ First Truck Purchase \_\_\_\_\_ Replacement/Upgrade \_\_\_\_\_ Additional Truck \_\_\_\_\_ OTHER \_\_\_\_\_

## II-EXPERIENCE

TOTAL YEARS WITH CDL _____ Yrs	# OF YRS AS OWNER/ OPERATOR _____ Yrs	TRUCK TO WORK FOR - COMPANY
COMPANY'S ADDRESS		CONTACT
		PHONE#

## III-TRUCK USAGE

ROUTES	HAULING	DO YOU HAVE YOUR OWN AUTHORITY?
LOCAL _____ REGIONAL _____ LONG HAUL _____	DRY GOODS _____ REEFER _____ FLAT BED _____ HAZARDOUS _____ OTHER _____	YES _____ NO _____
PURCHASER TO DRIVE THIS TRUCK? YES _____ NO _____ IF NO PROVIDE INFORMATION ON PERSON WHO WILL DRIVE	DRIVER'S NAME (FIRST, M, LAST)	
		DRIVER'S ADDRESS
OPERATING LICENSE NUMBER	STATE	EXP. DATE
DRIVER'S LICENSE#		DRIVER'S PHONE #
RELATIONSHIP		

## IV- EMPLOYMENT HISTORY FOR PAST FIVE YEARS (PRESENT OR LAST EMPLOYER FIRST)

NAME AND ADDRESS OF COMPANY	PHONE NUMBER	POSITION HELD	HOW LONG
NAME AND ADDRESS OF COMPANY	PHONE NUMBER	POSITION HELD	HOW LONG
Expected Weekly Gross Revenue - \$	Expected Miles /Wk	Expected \$/Mile	

### ADDITIONAL COMMENTS:

The undersigned acknowledge(s) the statements on this application are true, correct and accurate to the best of my (our ) knowledge, and the information contained herein may be used by Coastal Capital Group, Inc and its assignees (CCG) to make credit decisions. The undersigned authorize(s) us and affiliates to obtain any consumer and /or business information from banks, credit unions, as well as other credit reporting services, and authorizes them to furnish such information to CCG. The undersigned acknowledge(s) that this signed application form is an application for credit only, and the final terms of the loan/rental agreement will be based on the documents themselves. No commitment exists until the Applicant / Joint Applicant(s) receives the same in writing from CCG.

APPLICANT (PRINT) \_\_\_\_\_ CUSTOMER SIGNATURE /DATE \_\_\_\_\_ / /

CO-APPLICANT (PRINT) \_\_\_\_\_ CUSTOMER SIGNATURE /DATE \_\_\_\_\_ / /