



FINANCIAL SERVICES, INC.

APPLICATION

Owners Name*

First

Last

Business Name*

Street Address

City

State

Zip Code

Do you use a PO Box?

Box Number

City

State

Zip Code

Email Address*

Phone*

Mobile Number*

Fax*

Federal ID#*

Social Security #*

Date of Birth*



FINANCIAL SERVICES, INC.

MC#*

DOT#

Type of Trucking*

Spouse's Name*

Does this business use a DBA Name?*

State of Incorporation*

Monthly Sales Volume \$*

Number of Trucks*

How did you hear about our company?*

This serves as my permission for the release of any information regarding this application for the purpose of credit investigation of the company I represent or for myself. Please begin the verification and remittance address change process for the accounts receivable submitted to you in order for us to qualify as a client. The above statements are true and accurate to the best of my information and belief.

Signature X

Printed Name X _____ Date _____



ITEMS NEEDED TO COMPLETE THE APPLICATION

1. Signed UCC1
2. Copy of your Articles of Incorporation (If Incorporated or an LLC)
3. Proof of Insurance (Listing Legacy Financial Services, INC. as a Certificate Holder)
4. Copy of Authority (MC Number)
5. Copy of W-9 with Federal ID Number or Social Security Number if DBA
6. Voided Check
7. Copy Of Drivers License
8. Copy of Social Security Card

Please email or scan the required documents to:

brian@legacyfinancialservices.biz

Or fax the documents to:

641-985-2745

We at Legacy Financial Services, INC. look forward to helping your business achieve the financial growth you envision.