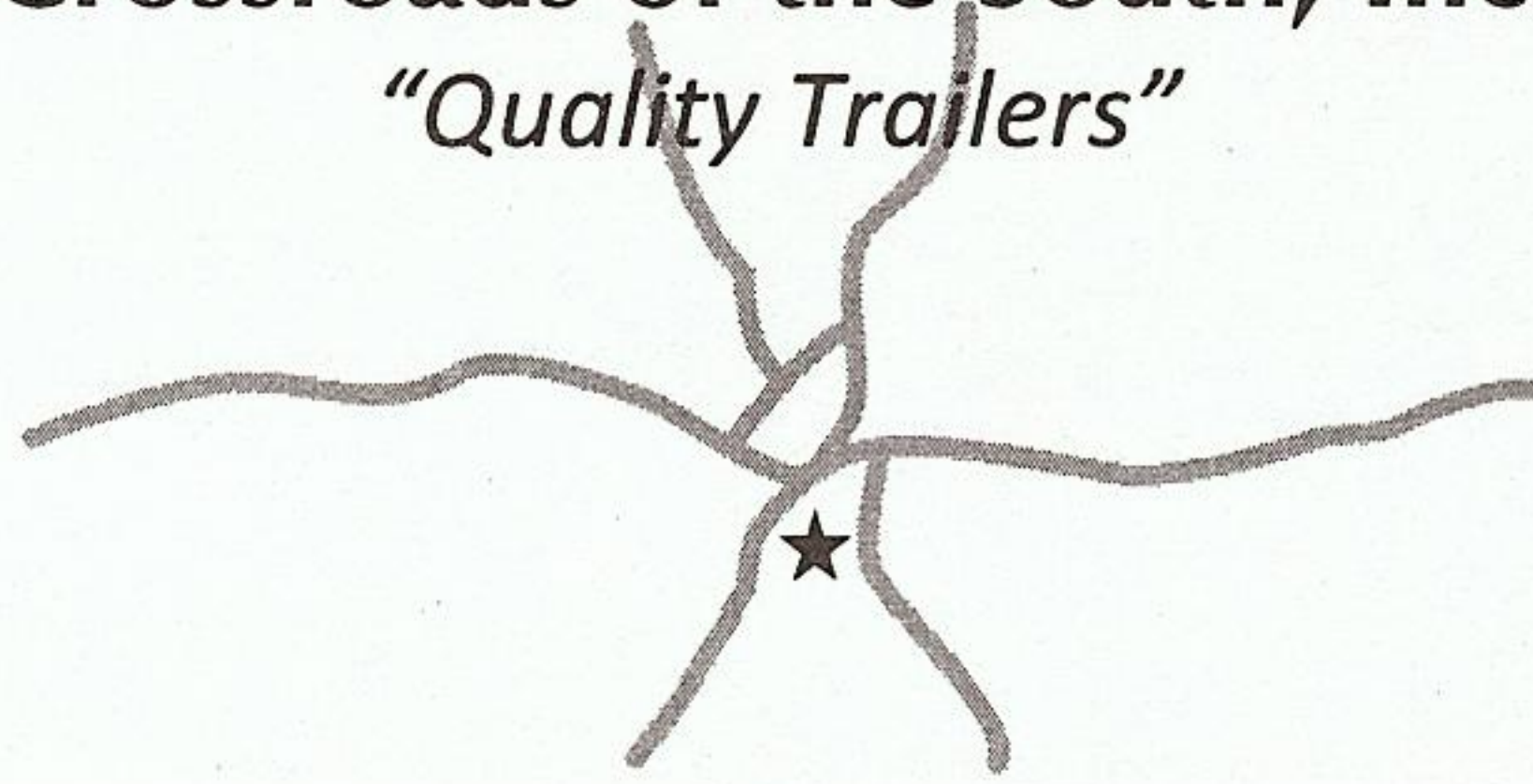


Crossroads of the South, Inc.
"Quality Trailers"



Phone: 601-856-9709

Fax: 601-936-4841

APPLICANT INFORMATION

Name of Borrower		<input type="checkbox"/> Owns home <input type="checkbox"/> Rents home		Phone ()	
Address				Fax ()	
City		State	Zip	County of residence	
Federal I. D. or Social Security Number			Pager ()		Cell Phone ()
Borrower is (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp.			Year Started		Year Incorporated: _____ State Incorporated: _____
Current Fleet Size No. Trucks Trailers		Purpose <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion		E-mail address	
For Owner-Operators: (Highway)		Is this your first truck purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No		How long as an Owner-Operator? ___ yrs. ___ mos.	
		Driving experience _____ yrs. ___ mos.		Driver exp. if other than owner _____ yrs. ___ mos.	
1. Owner Name (May be Same As Borrower if Individual)			% Owned	Title	Social Security Number
Address			City	State	Zip
2. Owner Name			% Owned	Title	Social Security Number
Address			City	State	Zip
Nearest Relative Name & Relationship			Relative's address		Phone of relative ()

CREDIT REFERENCES

Bank Name		Account Number	Contact	Phone ()
Finance Reference	Collateral	Account Number	Contact	Phone ()
Finance Reference	Collateral	Account Number	Contact	Phone ()
Major Trade Reference		Goods Purchased	Contact	Phone ()
Major Trade Reference		Goods Purchased	Contact	Phone ()

HAULING REFERENCES / WORK SOURCES

1. Company Hauling For	Product Hauled	How Long? ___ yrs. ___ mos.	Contact	Phone ()
1. Company Hauling For	Product Hauled	How Long? ___ yrs. ___ mos.	Contact	Phone ()

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION ONTINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES CROSSROADS OF THE SOUTH, INC., ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION CROSSROADS OF THE SOUTH, INC., OR PERSON TO WHOM THIS APPLICATIN IS MADE MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING EINTITIES AFFILIATED AND ASSOCIATED WITH CROSSROADS OF THE SOUTH, INC., THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY CROSSROADS OF THE SOUTH, INC., IT'S AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date