



LEASE APPLICATION

Toll-Free Phone: 855-717-7284

Fax: 303-952-5024

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address City State Zip Code

How long have you lived at present address (Yrs. & Mos.): _____ How long have you lived at previous address (Yrs. & Mos.): _____

Mobile Phone: _____ Alternate Phone: _____

Email Address: _____ Social Security No.: _____

Marital Status: SINGLE MARRIED Spouse's Name: _____

- | | | | | | |
|---|------------------------------|-----------------------------|------------------------------------|------------------------------|-----------------------------|
| 1. Are you a homeowner? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 2. Are you a US Citizen? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Currently a defendant in legal action? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 4. Ever declared bankruptcy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Do you have tax liens? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 6. Ever had a vehicle repossessed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If "YES" to question number 3,4,5, or 6 above, explain: _____

Do you owe/pay child support? YES NO If "YES" are you current with your obligation? YES NO

If "NO" explain: _____

Emergency Contact

In case of an emergency, please list your nearest relative's name and contact information below.

Nearest Relative's Name: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

Mobile Phone: _____

Experience

CDL State and Number: _____ CDL Issue Date: _____ CDL Expiration Date: _____

Any CDL restrictions? YES NO List restrictions: _____

First time Owner/Operator? YES NO Time as Owner/Operator (Yrs. & Mos.): _____

Carrier Information

New/Future Carrier: _____

Contact Name: _____ Phone Number: _____

LOCAL REGIONAL OTR Freight Type: DRY VAN FLATBED REFRIGERATED OTHER

Reason for choosing: _____

Work History

Please list work history for three most recent previous employers.

Company: _____

Contact Name: _____ Phone Number: _____

LOCAL REGIONAL OTR
 Freight Type: DRY VAN FLATBED REFRIGERATED OTHER

Time employed (Yrs. & Mos.): _____ Reason for leaving: _____

Company: _____

Contact Name: _____ Phone Number: _____

LOCAL REGIONAL OTR
 Freight Type: DRY VAN FLATBED REFRIGERATED OTHER

Time employed (Yrs. & Mos.): _____ Reason for leaving: _____

Company: _____

Contact Name: _____ Phone Number: _____

LOCAL REGIONAL OTR
 Freight Type: DRY VAN FLATBED REFRIGERATED OTHER

Time employed (Yrs. & Mos.): _____ Reason for leaving: _____

Finance History

Have you ever financed a truck through a finance company? YES NO (If "YES" complete sections below)

Truck Finance Company: _____

Contact Name: _____ Phone Number: _____

Dates of Finance

From: _____ To: _____ Truck Information: _____

Year, Make, Model

Truck Lease Experience

Have you ever participated in another lease program? YES NO (If "YES" complete sections below)

Lease Program: _____

Contact Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Did you complete the program? YES NO

If "NO" explain why: _____

Disclaimer and Signature

I certify that the information contained in this application is true and accurate, agree that Pathway Leasing LLC, its affiliates, subsidiaries and /or assigns may obtain, use and rely on for my permissible purpose information compiled by third party vendors for commercial use and sale, including without limitation that information regarding my financial condition, payment history, employment, assets, motor vehicle driving record and personal history. Furthermore, I hereby authorize my bank(s) trade reference, haul source(s), carrier, employers, government entities, and financial institutions to release information to Pathway Leasing LLC, its affiliates, subsidiaries and/or assigns.

Signature: _____ Date: _____