

This Application is Form-Fillable

Please fill in the spaces below, sign and mail or fax us the application. By doing so, you are given Milestone Capital, as well as its agents affiliates, permission to review your business and personal credit history in order to provide you with formal funding approval.

Company Information							
Name of Business (Legal Name)	Business Phone Number			Cell Phone Number			
Business Street Address (Include Suite	Email						
City	State	Zip	Tax I.D. No.		If MD License #		
Date Business Established	State of Fo	ormation	Type of Business (Select One) Sol Prop. LLC			Corporation	
		Persona	I Information				
Name of Owner			Social Secur	ity Number		DC	В
Home Street Address (Include Suite o	Percentage of Ownership						
City			State	Zip	Ema	ail Address	
Name of Co-Owner (If Applicable)			Social Security Number				
Home Street Address			Percentage of Ownership				
City			State	Zip	Ema	ail Address	
Vendor and Equipment			Transportation				
Vendor			CDL #			MC #	
Type of Equipment			# of Trucks/Trailers Owned			Years of Driving Experience	
Finance Amount	(Select Or New	ne) Used	Mileage		Year	Make	Model
Owner Signature			Date				
Co-Owner Signature			Date				



Documents needed for equipment applications:

- Summary of the business and how equipment will benefit the business
- Three Months Business Bank Statements
- Invoice with price of equipment
- DBA Filing Needed prior to Funding (if applicable)
- ID Front and Back Needed prior to Funding
- Voided Check Front and Back Needed prior to Funding
- For trucking: Parking location of truck while not in use
- For restaurants (New Location) Lease agreement

Further documents will be needed throughout the process