

TOW WORLD, INC.

3305 Jack Northrop Avenue Hawthorne, CA 90250

PHONE 310-263-1200

FAX 310-263-1211

LESSEE COMPANY INFORMATION

COMPANY NAME	PROPRIETORSHIP, CORP., PARTNERSHIP	FEDERAL TAX ID #		
PHYSICAL ADDRESS	CITY	COUNTY	STATE	ZIP CODE
CONTACT	TELEPHONE	YEARS IN BUSINESS		

PERSONAL INFORMATION ON GUARANTORS

NAME	TITLE	CITIZENSHIP	SOCIAL SECURITY #	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE	
HOME TELEPHONE #	OWN OR RENT PRESENT HOME	HOW LONG AT THIS ADDRESS		

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COMPANY BANK REFERENCES

NAME OF BANK BRANCH	ACCOUNT #	TELEPHONE	CONTACT
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TRADE REFERENCES

INSURANCE AGENCY	TELEPHONE	CONTACT
HAULING REFERENCE	TELEPHONE	CONTACT
HAULING REFERENCE	TELEPHONE	CONTACT

FLEET INFORMATION

1. # of Trucks in Fleet _____	2. Replacement or Additional Unit _____
Truck Finance Reference _____	Telephone _____ Contact _____

If you intend to apply for joint credit or as a Guarantor initial here: PG1 _____ PG2 _____

The undersigned certifies that he/she has full authority to act on behalf of the applicant and that all of the information contained in this application and on each document required to be submitted are true and complete. I hereby affirm my identity as the individual named in this application and authorize Signal Finance (SFG) and its assigns to obtain my credit profile from the national credit bureau(s) for the purpose of considering this credit application and any subsequent update, renewal, collection or additional credit. A Photostat or facsimile of this authorization shall be as valid as the original. Further, I hereby authorize the bank & trade references listed above to release the information needed to assist (SFG) or its assigns. If you application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain the statement, write to Signal Finance at 11525 Bohemian Forest Ave., Las Vegas, NV 89138, within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for denial. The FECO Act prohibits creditors from discriminating on the basis of race, color, religion, national origin, sex. Marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicants income derives from any public assistance program or any right under the Consumer Credit Protection Act.. The Agency to contact concerning this creditor is Office of Thrift, 10 Exchange Place, Jersey City, NJ 07302.

NOTICE: If you intend to act as a guarantor for the credit of one or more applicants and are providing information to (SFG) or its assigns for that purpose, please note that if (SFG) or its assigns determines that you do not meet its standards of credit for the amount and or kind of credit desires by the primary applicant (s), (SFG) or its assigns is required to provide specific reasons for such adverse action to the primary applicant(s) and not to you. Unless you are willing to share the specific reasons for such adverse action based upon your credit history with the primary applicant(s) you should not submit this Principal/Guarantor information or a Personal Financial Statement to (SFG) or its assigns.

Signature _____ Date _____