

OTRCAPITAL

ONE STOP SHOP FOR TRUCKERS

OTR Capital believes in simple and straightforward transactions, without hidden costs and unfair termination fees. We understand the importance of quick, easy, and reliable payments in the transportation industry and strive to provide our clients with the best service in the business. This focus allows us to build strong, long lasting relationships built on trust.

Quick, Easy, and Reliable Payments



Factoring

- Get paid on your invoices within 24 hours
- Non-recourse and recourse programs to meet the needs of any size fleet
- Smart phone app (digitally upload bills for payment directly in the app)
- Free to start
- Fuel advances 7 days a week



Fuel Cards

- Up to \$0.19 off per gallon at TA-Petroruck stops nationwide
- Primary cards can be used as an ATM card at all Cirrus ATMs
- 20% savings at 12,000 hotels nationwide using mobile app
- Manage cards through Comdata FleetAdvance mobile app



Brokerage

- OTR factors all NTG loads at 2%
- Priority load board access to 1,500+ loads a day
- Competitive rates



Dispatch

- Developed relationships with dispatchers all over the country who specialize in Flatbed, Reefer, Dryvan, Hotshot, Step Deck and Power Only



Insurance

- Specializes in comprehensive, commercial trucking insurance
- Exceptional customer service
- Insures carriers in over 45 states with very competitive markets



Services

- Tire Discounts
- 24/7 RoadSquad roadside assistance
- Discounts on services at TA-Petro locations
- Reserve parking, schedule repairs, and much more through TA-Petro's Trucksmart mobile app

Referred by:
Quality Dispatching Services

**REQUIRED PAPERWORK**Driver's License | W-9 | COI
Articles of Incorporation | MC/DOT Certificate**COMPANY PROFILE INFORMATION**

FULL LEGAL NAME OF BUSINESS		PHONE NUMBER	EMAIL	DATE ESTABLISHED
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
COUNTY LOCATION	STATE OF INCORPORATION/LLC		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> INDIVIDUAL	
FEDERAL I.D. NUMBER		ARE YOU ELD COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO WHO IS YOUR ELD PROVIDER? _____		

EQUIPMENT INFORMATION

MC #	US DOT #	# POWER UNITS OWNED	# OWNER OPERATORS
# EQUIPMENT TYPE USED (CHECK ALL THAT APPLY)			
HOTSHOT: Length _____	<input type="checkbox"/> DRY VAN <input type="checkbox"/> REEFER	FLATBED: Length _____	<input type="checkbox"/> WEDGE TRAILER <input type="checkbox"/> CONTESTOGA <input type="checkbox"/> DRAYAGE
	<input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> POWER		<input type="checkbox"/> RGN <input type="checkbox"/> STEPDECK <input type="checkbox"/> OTHER

PRIMARY CONTACT INFORMATION

NAME	EMAIL	PHONE NUMBER
------	-------	--------------

OWNERSHIP INFORMATION

OFFICER/PARTNER NAME/S	% OWNERSHIP	TITLE/S		
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE

ACCOUNTS RECEIVABLE INFORMATION

A/R OUTSTANDING (\$)	AVE. INVOICES PER MONTH	AVE. INVOICES AMOUNT (\$)	PROJECTED MONTHLY FACTORING VOLUME (\$)
CURRENT FACTOR COMPANY	CONTRACT (Y/N)	BUY OUT AMOUNT TO DATE	

I/We hereby apply for the credit described in this application on behalf of the applicant business. I/We certify that I/we made no misrepresentation in this application or in any related documents, that all information is true and complete, and that I/we did not omit any important information. I/We agree that any property securing the credit will not be used for any illegal purpose. OTR Capital ("OTR") is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by OTR for that purpose. OTR may disclose to any other interested parties information as to OTR's experience or transactions with my/our account. I/We understand that OTR will retain this application and any other credit information OTR receives, even if no credit is granted. By signing this form, I hereby submit to the exclusive jurisdiction of and venue in the state courts located in Fulton County, Georgia.

AUTHORIZATION SIGNATURES OF EACH OWNER

SIGNATURE	PRINTED NAME	TITLE	DATE
SIGNATURE	PRINTED NAME	TITLE	DATE

MOST COMMON BROKERS / SHIPPERS USED OR THAT YOU INTEND TO USE

1.	2.	3.
4.	5.	6.

WERE YOU REFERRED? IF SO, BY WHOM? _____

NAME	MC #	PHONE NUMBER
------	------	--------------

THANKS,
 ERNESTO AUSEJO
 ERNESTO.AUSEJO@OTRCAPITAL.COM

PHONE: 770.882.0124 EXT. 2215
 FAX: 770.200.1655