

Center City International Trucks, Inc.
Credit Application

ATTN: Credit Supervisor

_____ New Customer

_____ Existing Customer

Date: _____

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| INDIVIDUAL CUSTOMER INFORMATION |
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Name: _____ Social Security Number: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____ Telephone Number: _____

Bank Reference: _____

Contact: _____ Telephone Number: _____

Taken Bankruptcy: _____ Date: _____ Goods Repossessed: _____ Date: _____

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| BUSINESS CUSTOMER INFORMATION |
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Name: _____ Federal Tax ID No: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Vocation: Lg. Fleet / Sm. Fleet / PT (Circle One)

Number of Units Owned: _____ Number of Trailers Owned _____

Years of Experience: _____ As a Owner: _____ As a Driver: _____

| LIST BELOW ANY CURRENT LOAN OR INSTALLMENT OBLIGATIONS | | |
|---------------------------------------------------------------|-------------------------------|--------------------------------|
| DEBT TO AND ACCOUNT NUMBER: | UNPAID BALANCE AMOUNT: | MONTHLY PAYMENT AMOUNT: |
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THE FOREGOING APPLICATION HAS BEEN CAREFULLY READ (BOTH PRINTED AND WRITTEN MATERIAL) AND IS IN ALL RESPECTS, ACCURATE AND TRUTHFUL.

THIS APPLICATION IS GIVEN FOR YOUR SOLE USE AND INFORMATION, AND IS NOT TO BE DIVULGED TO OR USED BY ANYONE ELSE PROVIDED, HOWEVER, THAT THE UNDERSIGNED HEREBY AUTHORIZES THE ABOVE NAMED BANK (S), TRADE AND/OR CREDIT REFERENCE (S) TO RELEASE SUCH INFORMATION AS IS NECESSARY TO ESTABLISH CREDIT WITH YOUR COMPANY.

I (WE) FURTHER REPRESENT THAT SAID TRUCK SHALL NOT BE USED FOR ANY UNLAWFUL PURPOSE.

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| X | X |
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SIGNATURE

SALESMAN SIGNATURE