

Individual/Business Purchaser/Lessee Statement

Type of Application:
Owner Operator – Complete Sections A & D
Vocational - Complete Sections A, B & D
Fleet – Complete Section C only
ALL APPLICANTS MUST SIGN AT TOP OF PAGE 4

Dealer/Seller Name:		Dealer/Seller Phone:		Dealer/Seller Fax:	
Section A. O/O CUSTOMER INFORMATION:					
<input type="checkbox"/> 1 st Time Buyer <input type="checkbox"/> Ownership Exp.		Number of trucks you currently Operate:		Own:	
Exact Legal Name of Purchaser (Corporation/Individual)		Social Security Number:		Date of Birth:	
Home/Business Phone Number:		Pager Number:	Cell Phone Number:	E-Mail Address:	
Present Physical/Mailing Address:		City/State:		Zip:	County:
How Long at Present Address? Years: Months:		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment:	
Previous Address (If less than 2 years)					
Co-Buyer:		Co-Buyer's SSN:		Co-Buyer's Phone Number:	
Present Physical Address:		City/State:	Zip:	County:	Cell Phone Number:
Employer:		Time on job:		Income:	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH YOU:					
Name		Address	City/State	Zip	Phone
Name		Address	City/State	Zip	Phone
CORPORATION/LEGAL ENTITY INFORMATION (If Applicable):					
Exact Legal Name of Corporation/Legal Entity:		<input type="checkbox"/> S Corp. <input type="checkbox"/> C Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Federal ID#	
Date of Incorporation / Year of Organization		Principal Officer (s)		Social Security Number	
Title	% Owned by Officer (s)	US DOT Number		MC Number	
CURRENT EMPLOYMENT INFORMATION					
Total Years of Driving Experience		Years as Owner Operator		Years as Company Driver	
Name:		City/State:	Phone:	Contact	
Years at Current Employer		Months		Income	
FUTURE EMPLOYMENT					
Name			City/State	Phone Number	
Contact		Monthly Miles	Monthly Revenue	Paid /mile % of Gross	

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Products to be Hauled		Commercial DL#	State	
Trucks/Trailers Owned* Description of Collateral	Lending Institution	City/State	Phone #	Account #
Real Estate	Lending Institution	City/State	Phone #	Account #
Autos Owned	Lending Institution	City/State	Phone #	Account #
Bank Account Type	Institution	City/State	Phone #	Account #

*This information should correspond with the information contained in the attached financial statements, if applicable. Include paid out creditors, if available.

Legal Actions:

Prior Bankruptcy: Yes No
Tax Liens: Yes No

Judgments: Yes No
Lawsuits Pending: Yes No

Section B. VOCATIONAL INFORMATION

Nature of Business:				
<input type="checkbox"/> Construction	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Food/Grocery	<input type="checkbox"/> Refuse	<input type="checkbox"/> Beverage:
<input type="checkbox"/> Mixer (concrete)	<input type="checkbox"/> Delivery	<input type="checkbox"/> Hazardous/Toxic	<input type="checkbox"/> Tow Recovery	<input type="checkbox"/> Other
<input type="checkbox"/> Tank	<input type="checkbox"/> Crane	<input type="checkbox"/> Municipal	<input type="checkbox"/> Material Handling	(specify):
Is Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No		Equipment Operates: <input type="checkbox"/> Local <input type="checkbox"/> Interstate <input type="checkbox"/> Regional <input type="checkbox"/> Intrastate		
Inactive Month (s):	Annual Mileage:	Insurance: Physical Damage Deductible: Liability Limits:		

Sources of Revenue:	Contracts or Customers	Years of Association	\$ Revenue/Year	% of Total Revenue

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Section C. FLEET INFORMATION

CUSTOMER DATA

Today's Date	Business Start Date	Tax ID #	State of Incorporation		
C Corp <input type="checkbox"/>	S Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Parent Company (if applicable)
Customer Legal Name			DBA Name		
Address			US DOT Number	MC Number	
City		State	Zip	Tel #	Fax #
Contact Person Name		Title	Tel #	Fax #	
Principal Owner/Guarantor Name	Title	SSN	% Owned	Years with Co.	Years Experience
Principal Owner/Guarantor Name	Title	SSN	% Owned	Years with Co.	Years Experience
Principal Owner/Guarantor Name	Title	SSN	% Owned	Years with Co.	Years Experience

FINANCE / INSURANCE INFORMATION

Bank Name	Checking Account #	Contact name	Tel #
Bank Name	Savings Account #	Contact name	Tel #
Bank Name	Operating Line #	Contact name	Tel #
Operating Line Secured By: <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other: (Describe)			
Vehicle Finance Reference	Account #	Contact name	Tel #
Vehicle Finance Reference	Account #	Contact name	Tel #
Vehicle Finance Reference	Account #	Contact name	Tel #
Any units financed with DCS/MBCC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Account #	Account Name	
Insurance Agency	Contact Name	Liability Coverage \$	Phys Dam. Ded. \$ Tel #

MAJOR CUSTOMERS

Name	% Revenue	How Long?	Contact name	Tel #
Name	% Revenue	How Long?	Contact name	Tel #

EQUIPMENT INFORMATION

Current Fleet # Tractors _____ # Trucks _____ # Trailers _____ Total # Units To Be Purchased / Leased _____

Additions To Fleet Penetrate existing accounts (who) _____ contract? Yes/No _____

New accounts (who) _____ contract? Yes/No _____

Replacements to Fleet Retiring debt service \$ _____ /mo

Replaced equipment free & clear

Retail <input type="checkbox"/>	TRAC <input type="checkbox"/>	OBS TRAC <input type="checkbox"/>	FMV <input type="checkbox"/>	Fixed <input type="checkbox"/>	Float <input type="checkbox"/>	# Months _____	Balloon / Residual % _____	Payment Stream <input type="checkbox"/> Level <input type="checkbox"/> Skips (months) _____
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Annual Tag Renewal Token Payments (Which calendar months requested)

Tractor \$250 Truck \$150 Refrigerated Trailer \$150 Dry Van/Flatbed \$50 OTHER _____ \$ _____

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AUTHORIZATION TO RELEASE CREDIT INFORMATION

The undersigned certifies that all of the information contained herein or provided in connection with this Application is true and correct and accurately describes the financial condition of the Customer(s) as of the date hereof. I will notify DaimlerChrysler Services North America LLC, its successors or assigns ("DCS") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize DCS and/or Dealer ("Creditor") to make inquiry into, to request, and to receive any information concerning my financial condition, including, but not limited to, obtaining a credit report and contacting any current or former creditors of Customer(s) to verify any information contained herein or received in connection with this Application, which Creditor deems relevant to the possible extension of credit to Customer(s). I also grant any such Creditors permission to release information relating to my financial condition or my loans or leases to Creditor or any affiliate of Creditor. I have applied for a loan or extension of credit from Creditor and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. The foregoing provision shall remain in effect until Customer pays Creditor in full (if Creditor decides to grant credit to customer(s)).

Signature X: _____

Guarantor's Signature X: _____

Title: _____

Guarantor's Name: _____

Date: _____

Date: _____

Section D.

WISCONSIN MARITAL INFORMATION STATEMENT: (Must be filled in by Wisconsin Residents)

Spouse's Name: (if Other than Co-Applicant) _____

Is Co-applicant Your Spouse?
 Yes No

Are you Married

Date of Marriage: _____

Legally Separated

Unmarried (The term

Date of Decree of Legal Separation

"unmarried" includes Single

Divorced or Widowed Persons)

Spouse's Address _____

Notice to Married Applicants: No provision of any marital property agreement, statutory individual property classification agreement ("opt-out" agreement) under Section 766.587 of the Wisconsin Statutes, unilateral statement under section 766.59 or the Wisconsin Statutes, or court order under section 766.70 of the Wisconsin Statutes adversely affects the interest of the creditor unless the creditor receives a copy of the agreement, statement, or order or has actual knowledge of the adverse provision before extending or agreeing to extend the credit you are requesting. Is there a marital property agreement, statutory individual property classification agreement, unilateral statement, or court order that you wish the creditor to consider in evaluating your credit application?

Check appropriate box:

No Yes (If yes, provide the creditor with a copy of the agreement, statement or order.)

Notice to Non-Applicant Spouse (Married Applicants only): If the credit applied for is individual credit, or joint credit with an applicant who is not your spouse, the creditor is required by section 766.56 (3)(b) of the Wisconsin Statutes to notify your spouse of the extension of credit.

Statement of Purpose: For a married applicant applying for individual credit or for joint credit with an applicant who is not your spouse: The credit requested, if granted, will be incurred in the interest of my marriage or family

Signature of Wisconsin Applicant _____

Date _____

CALIFORNIA: An applicant, if married, may apply for a separate account.

RHODE ISLAND, MAINE, TENNESSEE: You must have physical damage insurance covering loss or damage to the vehicle for the term of any contract. For a lease, you must also have the liability insurance as described in the lease. You may buy this insurance from anyone you choose. You do not have to buy it from or through someone affiliated with the dealer or an assignee of this contract. Your choice of insurance will not affect the credit approval process unless the insurance does not satisfy the contract requirements or the insurance company does not satisfy the reasonable standards of the dealer or an assignee of the contract.

NEW YORK: Consumer reports may be requested in connection with this application. Upon your request, you will be informed as to whether or not a consumer report was requested and informed of the name and address of the consumer reporting agency that furnished the report. On any update, renewal or extension of this credit, subsequent consumer reports may be requested.

OHIO: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.