Daimler

Truck Financial

Salesperson's Name:			F	Phone:															
Dealer Name:			D	ealer Pl	hone:				0	Deal	ler Fax:								
1 st Time Buyer/Applicant	revious Financ	e Expe	erience			E	xisting Equipme	nt (# of unit	s) Truc	cks:	: Trac	tors:	Trail	ers:					
APPLICANT LEGAL NAME (Busines	s or Individu	al)			Indivi		l LC 🔲 Partnersh		al Secu	ırity	Number or I	ederal ID#		Date of	Birth (if	Individu	al Applicar	it):	
Primary Phone Number			Cell	Phone N				πp	Fax N	Num	nber		E-Ma	ail Addres	SS				
Present Physical/Mailing Address			City						Coun	nty			State	e			Zip		
			Own 🛛	Live with relatives				Monthly Paymen			it:								
Years: Months: Previous Address (If less than 2 year	s)																		
IF BUSINESS APPLICANT:																			
DBA Name	State of Org	ganizat	tion/Incorpo	oration							Year of Orga	inization/In	corpor	ation					
Principal Owner	% Owned		Т	itle															
CO-APPLICANT/GUARANTOR LEG	AL NAME (Bu	siness	or Individ	ual)	Indivi		I LC 🔲 Partnersh		al Secu	irity	Number or I	ederal ID#		Date of	Birth (if	Individu	al)		
Primary Phone Number			Cell	Phone N		_			Fax N	Num	nber		E-Ma	ail Addres	SS				
Present Physical/Mailing Address			City						Coun	nty			State	е			Zip		
How Long at Present Address? Years: Months:			□ R	lent 🗖	Own] Live	e with relatives				Monthly Pay	ment							
Previous Address (If less than 2 year	s)																		
IF BUSINESS CO-APPLICANT:																			
DBA Name	State of Org	ganizat	tion/Incorpo	oration							Year of Orga	inization/In	corpor	ation					
Principal Owner	% Owned		Т	itle															
NEAREST RELATIVES/PERSONAL Name	REFERENCES	NOT L	IVING WIT	'H APPl	LICANT/CO	O-AF	PPLICANT												
Address	City						State			2	Zip				Phone	e			
Name																			
Address	City						State			Z	Zip				Phone	e			
CURRENT EMPLOYMENT INFORM/ Total Years of Driving Experience	ATION OF APP	PLICAN	NT/CO-APP		r s as Owner	r Ope	erator					Years as C	ompan	y Driver					
Name				City					State	e		Phone		-					
Contact					at Curren	nt Em	nlover		Mont							Incom	<u>م</u>		
				Teare					won	113						meoni	6		
Company Driver Downer Opera	itor 🗖 Other					Ap	her Annual Inco plicant/Co-Appl nsidered as a ba	licant need n				support, or	separa	te mainte	enance ii	ncome ii	f he/she d	oes not	wish it
Products Hauled						_	ource	sis ion repay			<u>.</u>	An	nount						
FUTURE EMPLOYMENT OF APPLIC	ANT/CO-APP	LICAN	IT			I													
Name					City/St	tate						Phor	ie Num	iber					
Contact		Mor	nthly Miles				Monthly Reven	ue		Pai	id /mi		of Gros	s					
Products to be Hauled					Comme	ercia	al DL#					State							
PREVIOUS EMPLOYERS OF APPLIC Name	CANT/CO-APF	PLICAN	NT City			St	tate	Phone Num	ıber & (Con	ntact Name					Но	w Long?		
Name			City			St	tate	Phone Nurr	ber &	Con	ntact Name					Но	years w Long?	m	onths
Name			City				tate	Phone Nurr	ıber & (Con	ntact Name						years w Long?	m	onths
Trucks/Trailers Owned		anding	g Institution	n			/State			one					Ac	count #	years	m	onths
Description of Collateral		anung				Jiry/			FIIC	JUG					ACI				

AUTHORIZATION TO CONDUCT CREDIT INVESTIGATION AUTHORIZATIONS, REPRESENTATIONS, AND WARRANTIES

If applying for credit, please sign this authorization ("Authorization"). By signing this Authorization:

Authorizations

- 1. I authorize Dealer, Mercedes-Benz Financial Services USA LLC, ("MBFS"), Daimler Trust and any finance company, bank, or other financial institution to which the Dealer or MBFS and/or Daimler Trust submits my application ("You" or "Your") to investigate my credit and employment history (if an individual), obtain credit reports, contact any of my current or former creditors to verify any information contained herein or received in connection with this Authorization or the accompanying credit application which You deem relevant to the possible extension of credit to me ("Information"), and release Information about Your credit experience with me as the law permits. I authorize MBFS or Daimler Trust to disclose Information to any affiliate, assigns or agent.
- 2. If an account is created, I authorize You to obtain credit reports for the purpose of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.
- 3. If I am an individual, I authorize the release of federal and state records of my employment and income history.
- 4. If required by the transaction, I authorize MBFS or Daimler Trust to file a UCC Financing Statement.
- 5. I consent and agree that MBFS, Daimler Trust, and any successors, affiliates, agents or service providers may to the extent permitted by law; (i) monitor and record telephone calls concerning my account to assure quality of service or for other reasons; and (ii) use written, verbal, and electronic means to contact me, including, without limitation, manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic dialing systems. Such means of contact may include use of an e-mail address or any telephone number I provide, now or in the future, including a cellular phone or other wireless device number, regardless of whether I incur charges as a result.

Representations and Warranties

- 6. I hereby represent and warrant that I intend to use the purchased or leased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. Generally speaking, the term agricultural purposes does not mean over the road transportation or hauling of goods.
- 7. I hereby represent and warrant that a bankruptcy proceeding is neither in progress nor expected.
- 8. If the accompanying credit application is submitted in the name of a business, a current and year-end financial statement, including P&L statement and balance sheet, may be required, audited if possible. I hereby represent and warrant that I will notify MBFS and Daimler Trust if I become aware of any material change in my financial condition.
- 9. If Applicant or Co-Applicant is a business entity, the signer for that entity hereby represents and warrants that he/she has authority to sign on behalf of the business entity.

CALIFORNIA RESIDENT: Applicant, if married, may apply for a separate account.

MAINE, RHODE ISLAND, AND TENNESSEE RESIDENTS: 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 RESIDENT: 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 RESIDENT: 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.

As part of a like-kind exchange program, MBFS has engaged MBF Account Services LLC as a qualified intermediary. The originating Dealer/Lessor is hereby notified that MBFS has assigned to MBF Account Services LLC its rights (but not its obligations) for the purchase of the Equipment described in any Leases.

JOINT CREDIT (Non-business applicants only.)

[] If a person is applying for joint credit with another person, complete the co-applicant section of the Credit Application.

Sign or initial here to indicate that you intend to apply for joint credit. x _____ APPLICANT

____ X _____ CO-APPLICANT

I certify that I have read and agree to the terms of this Authorization and the accompanying credit application and that the information in both documents is complete and true.
Tertify that Thave read and agree to the terms of this Authorization and the accompanying credit application and that the information in both documents is complete and true.

Applicant Name:	Personal Guarantor Name:
Signature:	Signature:
Title:	Date:
Date:	Personal Guarantor Name:
	Signature:
Co-Applicant Name:	Date:
Signature:	
Title:	Business Guarantor Name:
Date:	Signature:
	Title:
	Date: