Daimler

Truck Financial

Owner Operator Credit Application

| Salesperson's Name: | | F | Phone: | | | | | | | | | | | |
|---|---------------------|----------------|------------------------------|--------------|------------------------------|------------------|----------------------|---------------------------------------|--------------|----------------|------------------|--------------------|----------------|--|
| Dealer Name: | | D | Dealer Ph | hone: | | | - | Dealer Fax: | | | | | | |
| 1st Time Buyer/Applicant P | revious Finance Ex | perience | | | Existing Equipme | ent (# of unit | s) Trucl | ks: Tra | ctors: | Trailers: | | | | |
| APPLICANT LEGAL NAME (Busines | ss or Individual) | | | Indivi | dual ☑ LLC ☑ Partners | Soci | ia I Secu | ırity Number or | Federal ID# | Dat | e of Birth (if I | ndividual Applicar | t): | |
| Primary Phone Number | | | Cell Phone Number | | | Fax Number | | | | E-Mail Address | | | | |
| Present Physical/Mailing Address | | City | | | | | | County | | State | | Zip | | |
| How Long at Present Address? Years: Months: | | □ F | Rent 🔲 | Own 🔲 | Live with relatives | | | Monthly Payment: | | | | | | |
| Previous Address (If less than 2 year | s) | | | | | | | | | | | | | |
| IF BUSINESS APPLICANT: | | | | | | | | | | | | | | |
| DBA Name | State of Organiz | ration/Incorpo | oration | | | | | Year of Org | anization/In | corporation | ı | | | |
| Principal Owner | % Owned | Т | Tit le | | | | | | | | | | | |
| CO-APPLICANT/GUARANTOR LEG | AL NAME (Busine | ss or Individu | ual) | Indivi | dual LLC Partners | | ia I Secu | ırity Number or | Federal ID# | Dat | e of Birth (if I | ndividual) | | |
| Primary Phone Number | | Cell | Phone N | Number | | | Fax Number | | | E-Mail Address | | | | |
| Present PhysicaI/Mailing Address | | City | | | | | County | | | State | | Zip | | |
| How Long at Present Address? Years: Months: | | □ F | Rent Own Live with relatives | | | | <u> </u> | Monthly Payment | | | | | | |
| Previous Address (If less than 2 year | s) | | | | | | | | | | | | | |
| IF BUSINESS CO-APPLICANT: | | | | | | | | | | | | | | |
| DBA Name | State of Organiz | ration/Incorpo | oration | | | | | Year of Org | anization/In | corporation | 1 | | | |
| Principal Owner % Owned Tit | | | Title | | | | | | | | | | | |
| NEAREST RELATIVES/PERSONAL | L References no | T LIVING WIT | TH APPL | LICANT/CO | O-APPLICANT | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Address City | | | | | State | | | Zip | | Phone | | | | |
| Name | <u>'</u> | | | | <u>,</u> | | | | | | I | | | |
| Address | City | | | | State | | | Zip | | | Phone | | | |
| CURRENT EMPLOYMENT INFORMA | ATION OF APPLIC | ANT/CO-APP | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Total Years of Driving Experience | | | Years | s as Owner | Operator | | | | Years as C | Company Dri | iver | | | |
| Name | | | City | | | | | State Pho | | ne | | | | |
| Contact | | | Years | s at Current | t Employer | Employer Mon | | | ths | | lı | | Income | |
| Company Driver Owner Opera | ator Other | | | | Other Annual Inco | licant need n | | | support, or | separate ma | aintenance in | come if he/she do | es not wish it | |
| Products Hauled | | | | | Source | isis for repay | /ment o | i the obligation. | Ar | nount | | | | |
| FUTURE EMPLOYMENT OF APPLIC | ANT/CO-APPLICA | ANT | | | | | | | | | | | | |
| Name | | | | City/St | ate | | | | Phor | ne Number | | | | |
| Contact | N | Ionthly Miles | | - | Monthly Rever | nue | | Paid /m | nile % | of Gross | | | | |
| Products to be Hauled | | | | Comme | ercial DL# | | | | State | | | | | |
| PREVIOUS EMPLOYERS OF APPLIC | CANT/CO-APPLICATION | | | | | | | | | | | | | |
| Name | | City | | | State | Phone Nur | mber & | Contact Name | | | | How Long? years | months | |
| Name Cit | | City | y | | State | State Phone Numb | | ber & Contact Name | | | | How Long? years | months | |
| Name City | | City | ty | | State Phone Nur | | ımber & Contact Name | | | How Long? | | | months | |
| Trucks/Trailers Owned Lending Ins Description of Collateral | | ng Institutio | titution | | ity/State | | | Phone # | | Account # | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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Daimler

Truck Financial

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, Daimler Truck Financial Services USA LLC ("DTF"), and any finance company, bank, or other financial institution to which the Dealer or DTF 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 DTF 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 DTF to file a UCC Financing Statement.
- 5. I consent and agree that DTF and its 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 DTF 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.

| Sign or initial here to indicate that you intend to apply for joint cre | | x | |
|---|-------------------------|--|---------------------------|
| | APPLICANT | CO-APPLICANT | |
| I certify that I have read and agree to the terms of this Authorization and the | e accompanying credit a | oplication and that the information in both docume | nts is complete and true. |
| Applicant Name: | Personal Gua | | |
| Signature: | Signature: | | |
| Title: | Date: | | |
| Enter a title if this Applicant is a BUSINESS ENTITY only.) | | | |
| Date: | Personal Gua | rantor Name: | |
| | Signature: | _ | |
| Co-Applicant Name: | Date: | | |
| Signature: | | | |
| Fittle: | D. ct. cc. C | | |
| Enter a title if this Co-Applicant is a BUSINESS ENTITY only.) | Business Gua | rantor Name: | |
| Date: | Signature: | | |
| | Title: | | |
| | Date: | | |