

Individual Purchaser/Lessee Statement

Type of Application: Business Individual New Used Salesperson's Name: _____

Dealer Name:	Dealer Phone:	Dealer Fax:
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INDIVIDUAL/PARTNERSHIP INFORMATION:

<input type="checkbox"/> 1 st Time Buyer <input type="checkbox"/> Ownership Exp.		Number of trucks you currently: Operate: _____ Own: _____	
Full Name:		Social Security Number:	
Date of Birth:			
Home Phone Number	Pager Number	Cell Phone Number	E-Mail Address
Present Physical/Mailing Address:	City:	County:	State: Zip:
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:	County:	State: Zip:
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"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Other		Federal ID#
Year of Organization	Principal Officer		Social Security Number	
Title	% Owned	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	
<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		Other Annual Income		
		Source	Amount	

FUTURE EMPLOYMENT

Name		City/State		Phone Number	
Contact	Monthly Miles	Monthly Revenue	Paid /mile % of Gross		
Products to be Hauled		Commercial DL#		State	

PREVIOUS EMPLOYERS

Name	City	State	Phone Number	Contact	How Long?
Name	City	State	Phone Number	Contact	How Long?

Individual Purchaser/Lessee Statement

Name	City	State	Phone Number	Contact	How Long?
Trucks/Trailers Owned	Lending Institution	City/State	Phone #	Account #	
Description of Collateral					
Real Estate	Lending Institution	City/State	Phone #	Account #	
Autos Owned	Lending Institution	City/State	Phone #	Account #	
Bank Account Type	Institution	City/State	Phone #	Account #	

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 "unmarried" includes Single Divorced or Widowed Persons) _____ Date of Decree of Legal Separation _____

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.
CREDIT REPORT. The undersigned agrees to notify DaimlerChrysler Services North America LLC immediately in writing of any material unfavorable change in financial conditions. Dealer and/or DaimlerChrysler Services North America LLC and its successors (each "Creditor") may obtain my credit report in connection with this credit application, the credit transaction resulting from this application, or future extensions of credit by Creditor, for any aspect of the credit transaction, including but not limited to reviewing the account, taking collection action, updating credit information or for any other Permissible Purpose under the Federal Fair Credit Reporting Act. **CREDIT INVESTIGATION.** I authorize the Creditor to start a credit investigation based on the information voluntarily provided by me which is true and correct and reflects all my debts. In addition, I authorize Creditor to obtain federal, state, and third party records of employment and income history, including State Employment Security Agency ("SESA") records. This SESA authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, as allowed by law. **BANKRUPTCY.** A bankruptcy proceeding is not in progress nor expected.
BUSINESS APPLICATIONS. If the application is submitted in the name of a business, a current and year end financial statement, including P&L statement, and balance sheet is required, audited if possible. **COPY PROVIDED.** Upon request, I will be provided a copy of this application. **CERTIFICATION.** I acknowledge and certify that I have applied for a loan or extension of credit from DCS and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. Everything I have stated in this application is correct to the best of my knowledge.

Applicant Signature: _____
 Title (if applicable): _____ Date: _____
 Co-Applicant Signature: _____
 Title (if applicable): _____ Date: _____