Daimler

Truck Financial

Owner Operator Credit Application

Salesperson's Name:				Phone:												
Dealer Name:				Dealer P	hone:			-	Dealer Fax:							
☐ 1 st Time Buyer/Applicant ☐ P	revious	Finance Exp	erience			Existing Equipme	ent (# of unit	s) Tru	cks: Tra	ctors:	Tra	nilers:				
APPLICANT LEGAL NAME (Busines	ss or Inc	dividual)			☐ Individ	I dual] LLC □ Partnersh		al Secu	ırity Number or	Federal	D#	Date of	Birth (if I	ndividual Ap	plicant):	
Primary Phone Number			Cell	Phone N	Number		r	Fax	Number		E-N	Mail Addres	SS			
Present Physical/Mailing Address			City					Cour	nty		Sta	ite		Zip		
How Long at Present Address? Years: Months:			□ F	Rent 🗆	Own 🔲	Live with relatives		l	Monthly Pa	yment:						
Previous Address (If less than 2 year	·s)															
IF BUSINESS APPLICANT:																
DBA Name	State	of Organiza	ation/Incorp	oration					Year of Org	ganization	/Incorpo	ration				
Principal Owner	% Owi	ned	1	itle												
CO-APPLICANT/GUARANTOR LEGA	AL NAM	IE (Busines	s or Individ	ual)	☐ Individ	dual Partnersh	Soci	al Secu	I rity Number or	Federal	D#	Date of	Birth (if I	ndividual)		
Primary Phone Number			Cell	Phone N	Number	_ LEO _ Turtheron	"P	Fax	Number		E-N	Mail Addres	SS			
Present Physical/Mailing Address			City					Cour	nty		Sta	ite		Zip	1	
How Long at Present Address? Years: Months:			□ F	Rent 🗆	Own 🔲	Live with relatives		<u> </u>	Monthly Pa	yment						
Previous Address (If less than 2 year	rs)															
IF BUSINESS CO-APPLICANT:																
DBA Name	State	e of Organiza	ation/Incorp	oration					Year of Org	ganization	/Incorpo	oration				
Principal Owner	% Owr	ned	1	itle												
NEAREST RELATIVES/PERSONAL	REFERE	NCES NOT	LIVING WIT	TH APPL	LICANT/CC	D-APPLICANT										
Name																
Address	Ci	ity				State			Zip				Phone			
Name																
Address	Ci	ity				State			Zip				Phone			
CURRENT EMPLOYMENT INFORMA	ATION C	OF APPLICA	NT/CO-APF	PLICAN	т											
Total Years of Driving Experience			,		s as Owner	Operator				Years a	is Compa	ny Driver				
Name				City				State	е	Phor	ne					
Contact				Years	s at Current	Employer		Mon	ths					Income		
☐ Company Driver ☐ Owner Opera	ator 🔲 (Other				Other Annual Inco		ot reve	al alimony, chil	d support	, or sepai	rate mainte	enance in	come if he/	she does	not wish it
Products Hauled						Source	sis for repay	ment o	f the obligation		Amount	:				
FUTURE EMPLOYMENT OF APPLIC	ANT/C	O-APPI ICA	NT													
Name		i EIOA	· · •		City/Sta	ate				F	hone Nu	mber				
Contact		Me	onthly Miles			Monthly Reven	ue		Paid	-:1-	9/ af C==					
Products to be Hauled					Comme	rcial DL#		1	/1	nile Sta	% of Gro ite	100				
PREVIOUS EMPLOYERS OF APPLIC	CANT/C	O-APPLICA	NT													
Name	,		City			State	Phone Nun	nber &	Contact Name					How Lor	ng? ears	months
Name			City			State	Phone Nun	nber &	Contact Name					How Lor		months
Name			City			State	Phone Nun	nber &	Contact Name					How Lor		months
Trucks/Trailers Owned Description of Collateral		Lendin	g Institutio	n	C	ity/State		Pho	one #				Acc	ount#		
Description of Conateral	+									$\overline{}$						
	+									+						

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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.
- 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 [] If 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 x X———————————————————————
•	Learlify that I have read and agree to the terms of this Authorization and the accompanying gradit application and that the information in both decuments is

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.

Applicant Name (print):	Guarantor Name (if applicable-print):
Applicant Signature:	Guarantor Signature:
Title:(Only applicable if Applicant is NOT an individual)	Title:(Only applicable if Guarantor is NOT an individual)
Date:	Date:
Co-Applicant Name (print):	Guarantor Name (if applicable-print):
Co-Applicant Signature:	Guarantor Signature (if applicable):
Title:(Only applicable if Co-Applicant is NOT an individual)	Title:(Only applicable if Guarantor is NOT an individual)
Date:	Date: