

CREDIT APPLICATION SALES (OWNER OPERATOR)



CUSTOMER INFORMATION

APPLICATION DATE	APPLICATION TYPE <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned	TCI-BRANCH	SALESPERSON'S NAME	
1 ST TIME BUYER/BORROWER <input type="checkbox"/>	PREVIOUS FINANCE HISTORY <input type="checkbox"/>	WHY DID YOU CHOOSE TCI? <input type="checkbox"/>	Current Customer <input type="checkbox"/>	Referral <input type="checkbox"/> Internet <input type="checkbox"/> Inventory <input type="checkbox"/> Price <input type="checkbox"/> Other <input type="checkbox"/>
BUYER FULL LEGAL NAME			SOCIAL SECURITY #	
ADDRESS			COUNTY	DATE OF BIRTH
CITY, STATE, ZIP		PHONE #	FAX #	E-MAIL
HOW LONG AT PRESENT ADDRESS? ____ YRS ____ MO		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives		MONTHLY PAYMENT \$
PREVIOUS ADDRESS (IF LESS THAN 2 YRS)			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives	
PERSONAL REFERENCES (INDIVIDUALS NOT LIVING WITH YOU)				
REFERENCE NAME			RELATIONSHIP	
ADDRESS		CITY, STATE, ZIP		PHONE #
REFERENCE NAME			RELATIONSHIP	
ADDRESS		CITY, STATE, ZIP		PHONE #
CO-BUYER INFORMATION (IF APPLICABLE)				
CO-BUYER FULL LEGAL NAME		RELATION TO BUYER	CO-BUYER SOCIAL SECURITY #	
ADDRESS			COUNTY	DATE OF BIRTH
CITY, STATE, ZIP		PHONE #	FAX#	E-MAIL
EMPLOYER		HOW LONG AT CURRENT EMPLOYER? ____ YRS ____ MO		INCOME

CORPORATION/LEGAL ENTITY INFORMATION (IF APPLICABLE)

EXACT NAME OF CORPORATION/LEGAL ENTITY		ENTITY TYPE <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	FEDERAL ID	
YEAR OF ORGANIZATION	PRINCIPAL OFFICER		CDL <input type="checkbox"/> Yes <input type="checkbox"/> No	SOCIAL SECURITY #
TITLE		% OWNED	STATE INCORPORATED	DOT #
ADDRESS			CITY, STATE, ZIP	

EMPLOYMENT INFORMATION/HAUL REFERENCE

TOTAL YEARS OF DRIVING EXPERIENCE	YEARS AS COMPANY DRIVER	YEARS AS OWNER OPERATOR	# OF TRUCKS	# OF TRAILERS
CURRENT EMPLOYMENT/HAUL SOURCE				
COMPANY NAME		CONTACT NAME/TITLE	CITY, STATE	
PHONE #	E-MAIL		HOW LONG AT CURRENT EMPLOYER? ____ YRS ____ MO	
ROLE <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		ANNUAL INCOME SOURCE _____ AMOUNT _____		
FUTURE EMPLOYMENT/HAUL SOURCE				
COMPANY NAME		CONTACT NAME/TITLE	CITY, STATE	
PHONE #	E-MAIL		PRODUCTS TO BE HAULED	
ROLE <input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		MILES (MONTHLY)	RATE OF PAY _____/MILE ____ % OF GROSS	

PREVIOUS EMPLOYMENT			
COMPANY NAME		CITY, STATE	HOW LONG? _____ YRS _____ MO
CONTACT NAME/TITLE		PHONE #	E-MAIL
COMPANY NAME		CITY, STATE	HOW LONG? _____ YRS _____ MO
CONTACT NAME/TITLE		PHONE #	E-MAIL
COMPANY NAME		CITY, STATE	HOW LONG? _____ YRS _____ MO
CONTACT NAME/TITLE		PHONE #	E-MAIL

VEHICLE FINANCE REFERENCE

COLLATERAL DESCRIPTION	LENDER	ACCOUNT #	CONTACT/PHONE #	CITY, STATE
COLLATERAL DESCRIPTION	LENDER	ACCOUNT #	CONTACT/PHONE #	CITY, STATE
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COLLATERAL DESCRIPTION	LENDER	ACCOUNT #	CONTACT/PHONE #	CITY, STATE

AUTHORIZATION TO CONDUCT A CREDIT INVESTIGATION

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

1. I authorize Truck Centers, Inc. (Dealer), Mercedes-Benz Financial Services USA LLC (MBFS), Daimler Truck Financial (DTF), Daimler Trust and any finance company, bank, or other financial institution to which the Dealer or MBFS, DTF, 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, DTF, or Daimler Trust to disclose Information to any affiliate, assigns, or agent.
2. If required by the transaction, I authorize MBFS, DTF, or Daimler Trust to file a UCC Financing Statement.
3. I intend to use the purchased or leased Equipment primarily for business or commercial purposes and not for personal, family, household, or agricultural purposes. Agricultural purposes does not mean over the road transportation or hauling of goods.
4. 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.
5. 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.
6. If I am an individual, I authorize the release of federal and state records of my employment and income history. A bankruptcy proceeding is neither in progress nor expected. 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 will notify MBFS, DTF, and Daimler Trust if I become aware of any material change in my financial condition.
7. I consent and agree that MBFS, DTF, 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.

BORROWER PRINTED NAME: _____	CO-BORROWER PRINTED NAME: _____
BORROWER SIGNATURE: _____	CO-BORROWER SIGNATURE: _____
TITLE: _____	TITLE: _____
DATE: _____	DATE: _____