

Individual Purchaser/Lessee Statement

Type of Application: <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> New <input type="checkbox"/> Used		Salesperson's Name: _____	
Dealer Name: _____		Dealer Phone: _____	Dealer Fax: _____
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?
Name	City	State	Phone Number Contact How Long?

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Trucks/Trailers Owned Description of Collateral	Lending Institution	City/State	Phone #	Account #
Real Estate	Lending Institution	City/State	Phone #	Account #
Autos Owned	Lending Institution	City/State	Phone #	Account #
Bank Account Type	Institution	City/State	Phone #	Account #

LIKE-KIND EXCHANGE. As part of a like-kind exchange program, Assignee has engaged MBF Account Services, LLC as a qualified intermediary. The originating Dealer/Lessor is hereby notified that the Assignee has assigned to MBF Account Services, LLC its rights (but not its obligations) for the purchase of Equipment described in any leases. In event the Lessee or originating Dealer/Lessor purchases any Equipment, such purchaser is hereby notified that the Assignee has engaged MBF Account Services, LLC its rights (but not its obligations) for the sale of the Equipment described in such Leases.

Authorization to Release Credit Information

The undersigned certifies that: (a) all of the information contained herein or provided in connection with this Application is true and correct and accurately describes the financial condition of the Customer(s) as of the date hereof; and (b) I will notify DCFS USA LLC and Daimler Trust, and their respective successors, transferees and assigns ("Creditor") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize Creditor and/or Dealer to make inquiry into, to request, and to receive any information concerning my financial condition, including, but not limited to, obtaining a credit report and contacting any current or former creditors of Customer(s) to verify any information contained herein or received in connection with this Application, which Creditor and/or Dealer deems relevant to the possible extension of credit to Customer(s) ("Information"). I also grant any such creditors permission to release Information to Creditor and/or Dealer. I authorize Creditor to disclose Information to any affiliate, assigns or agent. I authorize Creditor to file a UCC financing statement. I have applied for a loan, lease or extension of credit from Creditor and I intend to use the purchased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes. The foregoing provision shall remain in effect until Customer pays Creditor in full for all outstanding indebtedness under all loans, leases or extensions of credit (if Creditor decides to grant credit to Customer(s)).

Applicant Signature: _____

Title (if applicable): _____

Date: _____

Co-Applicant: _____

Date: _____

Title (if applicable): _____