

Individual Purchaser/Lessee Statement

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

Dealer Name: Freightliner of Evansville		Dealer Phone: 812.868.2700		Dealer Fax: 812.867.8513	
INDIVIDUAL/PARTNERSHIP INFORMATION:					
<input type="checkbox"/> 1 st Time Buyer <input type="checkbox"/> Ownership Exp.		Number of trucks you currently:		Operate:	Own: 1
Full Name:		Social Security Number:		Date of Birth:	
Home Phone Number		Pager Number		Cell Phone Number	
Present Physical/Mailing Address:		City:		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:		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			
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?	

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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 #	

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.** 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: _____

CALIFORNIA: An applicant, if married, may apply for a separate account.

RHODE ISLAND, MAINE, NEW YORK: A consumer report may be requested in connection with this application. Upon request, applicant will be informed whether or not a consumer report was requested, and if a report was requested, the name and address of the consumer reporting agency that furnished the report.

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 Civic Rights Commission administers compliance with this law.

NEW HAMPSHIRE: Applicants for balloon note contracts are entitled, upon request, to receive a written estimate of the monthly payment amount for balloon payment refinancing in accordance with current refinance programs. These programs, however, are subject to change at any time.

WISCONSIN MARITAL INFORMATION STATEMENT: (Must be filled in by Wisconsin Residents)

Spouse's Name (If Other than Co-Applicant)		Is Co-applicant your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Marriage
Spouse's Address		<input type="checkbox"/> Legally Separated		Date of Decree of Legal Separation _____		
City	State	Zip Code	<input type="checkbox"/> Unmarried - The term "Unmarried" includes Single, Divorced or Widowed Persons.			

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 Applicant: _____ Date: _____