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	l 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					Number			E-Mail Address				
Present Physical/Mailing Address			City						County		State			Zip	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	State of Organization/Incorporation Year of Organization/Incorporation															
Principal Owner	% Owi	ned	1	itle													
CO-APPLICANT/GUARANTOR LEGA	AL NAM	IE (Busines	s or Individ	ual)	☐ Individ	dual LLC Partnersh	Soci	al Secu	I rity Number or	Federal	ID# Date of Birth (if Individual)						
Primary Phone Number			Cell	Phone N	Number	_ LEO _ Turtileror	20 Z rantiisionip			E-Mail Ad		Mail Addres	dress				
Present Physical/Mailing Address			City				Cour	County		State			Zip				
How Long at Present Address? Years: Months:			□ F	Rent 🗆	Own 🔲	Live with relatives		Monthly Payment						ı			
Years: Months: Previous Address (If less than 2 years)																	
IF BUSINESS CO-APPLICANT:																	
DBA Name	State of Organization/Incorporation					Year of Org	Year of Organization/Incorporation										
Principal Owner	% Owned Title																
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH APPLICANT/CO-APPLICANT																	
Name																	
Address City					State				Zip				Phone				
Name																	
Address	City			State			Z		Zip	Zip		Phone					
CURRENT EMPLOYMENT INFORMA	ATION C	OF APPLICA	NT/CO-APF	PLICAN	т												
Total Years of Driving Experience			,		s as Owner	Operator				Years as Co			Company Driver				
Name				City					State		Phone						
Contact				Years	s at Current	Employer			ths					Income			
Other Annual Income Applicant/Co-Applicant need not reveal alimony, child support, or separate maintenance income if he/she does no									s not wish it								
Products Hauled					considered as a basis for repayment of the Source					the obligation. Amount							
FUTURE EMPLOYMENT OF APPLIC	ANT/C	O-APPLICA	NT							ļ							
Name				City/State						Phone Number							
Contact Monthly N			onthly Miles			Monthly Revenue			Paid /il- %/		% of Gro						
Products to be Hauled				Comme	rcial DL#	DL#			/mile % of G			Gross					
PREVIOUS EMPLOYERS OF APPLIC	CANT/C	O-APPLICA	NT														
Name City						State	nber & Contact Name						How Lo	ng? ears	months		
Name City			City			State Phone Num			Contact Name					How Lo		months	
Name City			City			State Phone		e Number & Contact Nam						How Lo		months	
Trucks/Trailers Owned Lending Inst Description of Collateral			g Institutio	n	C	City/State		Phone #			Accour						
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

- 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.

JOINT CREDIT (Non-business applicants only.)

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.

Sign or initial here to indicate that you intend to apply for joint credit.	XAPPLICANT	_ x CO-APPLICANT	
I certify that I have read and agree to the terms of this Authorization and the acc	ompanying credit a	oplication and that the information in both documents is com	plete an
Applicant Name:	Personal Gua	rantor Name:	
Signature:	Signature:		
Title:	Date:		
Date:	Personal Gua	rantor Name:	
	Signature:		
Co-Applicant Name:	Date:		
Signature:			
Fitle:	Business Gua	rantor Name:	
Date:	Signature:		
	Title:		
	Date:		