Daimler

Truck Financial

Salesperson's Name: Phone:															
Dealer Name: Dealer Phone: Dealer Fax:															
□ 1 st Time Buyer/Applicant □ P	revious Finance	e Experi	ence			Existing Equipn	nent (# of uni	ts) Truo	cks: Tr	actors:	Trailers:				
APPLICANT LEGAL NAME (Business or Individual)					☐ Individual Socia ☐ Inc. ☐ LLC ☐ Partnership				cial Security Number or Federal ID# Date of Da				of Birth (if Individual Applicant):		
Primary Phone Number				Cell Phone Number F				Fax N	Fax Number			E-Mail Address			
Present Physical/Mailing Address			City			Co			County		State			Zip	
How Long at Present Address? Years: Months:			D R	lent 🗌	Own 🛛	ive with relatives			Monthly P	ayment:					
Previous Address (If less than 2 year	s)														
IF BUSINESS APPLICANT:															
DBA Name	State of Org	State of Organization/Incorporation					Year of Organizat			ganization/Ir	tion/Incorporation				
Principal Owner	% Owned		Т	Title											
CO-APPLICANT/GUARANTOR LEGAL NAME (Business or Indiv			or Individu	ual)) Individual Inc. LLC Partnership					r Federal ID#	I ID# Date of Birth (if Individual)				
Primary Phone Number	Primary Phone Number			Phone N			Fax N	Fax Number		E-Mail Address					
Present Physical/Mailing Address			City	City				County			State Zip				
How Long at Present Address? Years: Months:				lent 🗖	Own 🔲	Live with relatives	6	1	Monthly P	Monthly Payment					
Previous Address (If less than 2 years)															
IF BUSINESS CO-APPLICANT:															
DBA Name	State of Organization/Incorporation					Year of O			ganization/Incorporation						
Principal Owner	% Owned Title														
NEAREST RELATIVES/PERSONAL	REFERENCES	NOT LIV	VING WIT	'H APPL	ICANT/CO)-APPLICANT									
Name															
Address	City				State			Zip	Phone						
Name									1						
Address City			State				Zip			Phone					
CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CC			/CO-APP												
Total Years of Driving Experience				Years	s as Owner	Operator				Years as C	Company Drive	mpany Driver			
Name				City		s			1						
Contact				Years	at Current	Employer Mo			hs		Incon		Income		
Company Driver Downer Operator Dother					Other Annual Income Applicant/Co-Applicant need not reveal alimony, child support, or separate maintenance income if he/she does not w considered as a basis for repayment of the obligation.							s not wish it			
Products Hauled			Source					Amount							
FUTURE EMPLOYMENT OF APPLIC	ANT/CO-APPI	ICANT													
Name					City/State				Phone Number						
Contact		Mont	hly Miles			Monthly Reve	enue		Paid /	mile %	of Gross				
Products to be Hauled				Commercial DL#					State						
PREVIOUS EMPLOYERS OF APPLIC Name	CANT/CO-APP		City			State	Phone Nu	mber & (Contact Name	•			How	Long?	
Name City			City			State	ate Phone Number & Co			Contact Name			How	years Long?	months
Name City			City			State Phone Num			Contact Name	;	Ноу			years Long?	months
Trucks/Trailers Owned Lending Inst		nstitutio	stitution C		Sity/State		Phone #				A	ccount #	years	months	
Description of Collateral		Ŭ						-							
-															
				Ī											

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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.
- 5. 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

- 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.
 I hereby represent and warrant that 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 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 APPLICANT	x CO-APPLICANT

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: