

CUSTOMER DATA

Today's Date			Business Start Date			Tax ID #		State of Incorporation	
C Corp <input type="checkbox"/>	S Corp <input type="checkbox"/>	LLC <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>		Parent Company (if applicable)			
Customer Legal Name						DBA Name			
Address						US DOT Number (if applicable) -		MC Number	
City		County		State	Zip	Tel #		Fax #	
Principal Owner/Guarantor Name		DoB	Title		SSN	% Owned	Years with Co.	Years Experience	
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FINANCE / INSURANCE INFORMATION

Bank Name		Checking Account #		Contact name		Tel #	
Bank Name		Operating Line #		Contact name		Tel #	
Operating Line Secured By: <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other							
Vehicle Finance Reference		Account #		Contact name		Tel #	
Vehicle Finance Reference		Account #		Contact name		Tel #	
Vehicle Finance Reference		Account #		Contact name		Tel #	
Any units financed with DCFSA/MBCC? Yes <input type="checkbox"/> No <input type="checkbox"/>		Account #		Account Name			
Insurance Agency		Contact Name		Liability Coverage \$	Phys Dam. Ded. \$	Tel #	

MAJOR CUSTOMERS

Name	% Revenue	How Long? Years Months	Contact name	Tel #
Name	% Revenue	How Long? Years Months	Contact name	Tel #

EQUIPMENT INFORMATION

Current Fleet	# Tractors	# Trucks	# Trailers	Total # Units To Be Purchased / Leased				
Retail <input type="checkbox"/>	TRAC <input type="checkbox"/>	OBS TRAC <input type="checkbox"/>	FMV <input type="checkbox"/>	Fixed <input type="checkbox"/>	Float <input type="checkbox"/>	# Months	Balloon / Residual %	Payment Stream <input type="checkbox"/> Level <input type="checkbox"/> Skips (months)

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			

FUTURE EMPLOYMENT *is Different*

Name		City/State		Phone Number	
Contact					

PREVIOUS EMPLOYERS

Name	City	State	Phone Number	Contact	How Long?
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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 DaimlerChrysler Financial Services Americas LLC, its successors and assigns ("DC Financial Services") if I become aware of any material change in the financial condition of the Customer(s). I hereby authorize DC Financial Services 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 DC Financial Services and/or Dealer deems relevant to the possible extension of credit to Customer(s). I also grant any such creditors permission to release information relating to my financial condition or my loans or leases to DC Financial Services and/or Dealer or any of their affiliates. I authorize DC Financial Services to file a UCC financing statement. I have applied for a loan or extension of credit from DC Financial Services 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 DC Financial Services in full (if DC Financial Services decides to grant credit to Customer(s)).

Customer: _____	By: _____
Title: _____	Date: _____
Guarantor Name: _____	Guarantor Signature: _____