

Fleet Credit Application

APPLICANT DATA Dealer:		Salesperson:		Phone:		Fax:			
Applicant Legal Name						DBA Name			
Physical Address						US DOT Number (if applicable)	MC Number		
City	County	State	Zip	Tel #	Fax #	Email			
Business Start Date	State of Incorporation	Fed ID #	<input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		Parent Company (if applicable)	Parent Company Tax ID#			
Principal Owner/Guarantor Name			Title	SSN	Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No	% Owned	Years with Company	Years of Experience	DOB, if Individual
Principal Owner/Guarantor Name			Title	SSN	Guarantor <input type="checkbox"/> Yes <input type="checkbox"/> No	% Owned	Years with Company	Years of Experience	DOB, if Individual
<u>Carrier Type:</u>		<u>Segment Type:</u>				<u>Business Type:</u>			
<input type="checkbox"/> National		Refrigerated	_____ % (LTL)	_____ % Expedited	_____ %	<input type="checkbox"/> Construction	<input type="checkbox"/> HazMat	<input type="checkbox"/> Mixer	<input type="checkbox"/> Beverage
<input type="checkbox"/> Regional		Flatbed	_____ % Vehicle Transport	_____ % Mail/Postal	_____ %	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Material Hauling	<input type="checkbox"/> Delivery	<input type="checkbox"/> Crane
<input type="checkbox"/> Local		Dry Freight (TL)	_____ % Bulk	_____ %		<input type="checkbox"/> Food / Grocery	<input type="checkbox"/> Tank	<input type="checkbox"/> Refuse	<input type="checkbox"/> Other: _____

FINANCE / INSURANCE INFORMATION

Bank Name	Checking Account #	Contact name	Tel #	Fax#
Bank Name	Operating Line #	Contact name	Tel #	Fax#
Operating Line Limit: \$ _____ Secured By: <input type="checkbox"/> Accounts Receivable _____ % <input type="checkbox"/> All Assets <input type="checkbox"/> Personal Guaranty <input type="checkbox"/> Other _____ Renewal Date: _____				
Vehicle Finance Reference	Account #	Contact name	Tel #	
Vehicle Finance Reference	Account #	Contact name	Tel #	
Vehicle Finance Reference	Account #	Contact name	Tel #	
Insurance Agency	Contact Name	Tel #	Phys Dam. Ded. \$ _____	Liability Coverage \$ _____

MAJOR CUSTOMERS

Name	Freight Type	% Revenue	How Long? Years	Months

EQUIPMENT INFORMATION

<u>Current Fleet:</u>	<u>Loan</u>	<u>Capital Lease</u>	<u>Operating Lease</u>	<u>Free & Clear Owned</u>	<u>Owner Operators</u>	<u>(Total)</u>
Trucks & Tractors	# _____	# _____	# _____	# _____	# _____	# _____
Trailers	# _____	# _____	# _____	# _____		# _____
Trade Cycle (# months)	Tractors: _____		Trailers: _____			
Total # Units to be Purchased / Leased _____ of which [# Additions to Fleet _____ # Replacements to Fleet _____]						
Retail	TRAC	Zero TRAC	Off B/Sheet TRAC	FMV	Fixed	Float
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Term	Balloon / Residual		Payment Stream			
_____ (months)	_____ %		<input type="checkbox"/> Level <input type="checkbox"/> Skips (months)			
Is Business Seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No			Inactive Month(s) _____		_____	

Daimler

Truck Financial

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

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 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.

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: _____	Personal Guarantor Name: _____
Signature: _____	Signature: _____
Title: _____ (Enter a title if this Applicant is a BUSINESS ENTITY only.)	Date: _____
Date: _____	Personal Guarantor Name: _____
	Signature: _____
Co-Applicant Name: _____	Date: _____
Signature: _____	
Title: _____ (Enter a title if this Co-Applicant is a BUSINESS ENTITY only.)	Business Guarantor Name: _____
Date: _____	Signature: _____
	Title: _____
	Date: _____

