Daimler

Truck Financial

□ 1 st Time Buyer/Applicant □ P	revious Finance I	Experience			Existing Equipment	(# of units	s) Trucl	ks: Tracto	rs:	Trailers:		
APPLICANT LEGAL NAME (Business or Individual)						Social Security Number or Federal ID#			deral ID#	# Date of Birth (if Individual Applicant):		
Drimery, Dhane Mumher					LLC 🗌 Partnership			-				
Primary Phone Number			Cell Phone Number				Fax Number			E-Mail Address		
Present Physical/Mailing Address			City			County			State	Zip		
How Long at Present Address?			Rent Own Live with relatives			Monthly Payment:		ent:				
Years: Months:												
Previous Address (If less than 2 year	s)											
IF BUSINESS APPLICANT:												
DBA Name	State of Organization/Incorporation					Year of Organization			zation/Inc	orporation		
Principal Owner % Owned Title			Title	e								
CO-APPLICANT LEGAL NAME (Business or Individual)				Individ	dual	Socia	al Securi	ity Number or Feo	leral ID#	Date of Birth (if	Individual Co-Applicant)	
CO-AFFLICANT LEGAL NAME (Business of Individual)					LLC 🗌 Partnership		. oodu			Bato of Birth (in	inamadai oo Appiloanej	
Primary Phone Number		Ce	II Phone Nun	nber			Fax N	umber		E-Mail Address		
Present Physical/Mailing Address			City C			Count	y		State	Zip		
How Long at Present Address?			Rent Own Live with relatives				Marshie David		ont			
Years: Months:					Live with relatives			wontiny Faying	Monthly Payment			
Previous Address (If less than 2 year	s)											
IF BUSINESS CO-APPLICANT:												
DBA Name								Year of Organia	zation/Inc	orporation		
Principal Owner	% Owned Title											
NEAREST RELATIVES/PERSONAL	REFERENCES N	OT LIVING W	ITH APPLIC	ANT/CO	D-APPLICANT							
Name												
Address	City				State			Zip		Phone		
Name		h r f	ha		he	26		nn	<u>A</u> 1		i nrm	
			ПŊ	, L								
Address	City			·	State			Zip		Phone	2	
CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CO-APPLICANT												
Total Years of Driving Experience		IE	Years as	s Owner	Operator	Ec		E Ye	ears as Co	mpany Driver		
Name			City			State	tate Phone					
Contact			Years at	rs at Current Employer Month			IS			Income		
					Other Annual Income							
Company Driver Owner Operator Other				Applicant/Co-Applicant need not reveal considered as a basis for repayment of t					pport, or s	eparate maintenance ir	ncome if he/she does not wish it	
Products Hauled			Source				Amount					
FUTURE EMPLOYMENT OF APPLIC	ANT/CO-APPLI	CANT										
Name				City/Sta	ate				Phone	Number		
Contact		Monthly Mile	s		Monthly Revenue		F	Paid				
								/mile		Gross		
Products to be Hauled				Comme	rcial DL#				State			
PREVIOUS EMPLOYERS OF APPLIC	CANT/CO-APPLI	CANT							I			
		City	ty		State Phone Numbe		iber & C	per & Contact Name			How Long? years months	
Name Cit		City	ity		State Phone Number & O		iber & C	& Contact Name			How Long?	
Name Cit		C:+			Stato Dhana Number 9		bor ° O	or & Contact No-			years months How Long?	
		City	ысу		State Phone Num		Imber & Contact Name				How Long? years months	
Trucks/Trailers Owned Description of Collateral	Len	ding Instituti	on	Ci	ity/State		Phor	ne #		Acc	count #	
Description of Conateral									+			
1	1								1			

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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.
- If I am an individual, I authorize the release of federal and state records of my employment and income history. 3.
- If required by the transaction, I authorize MBFS or Daimler Trust to file a UCC Financing Statement. 4.
- 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 5. 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, 6. 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.
- 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 8. 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.

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: