

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 | |
| Principal Owner/Guarantor Name | | DoB | Title | | SSN | % Owned | Years with Co. | Years Experience | |
| Principal Owner/Guarantor Name | | DoB | Title | | SSN | % Owned | Years with Co. | Years Experience | |

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 | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fixed | Float | # Months | Balloon / Residual % | Payment Stream |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <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? |
|------|------|-------|--------------|---------|-----------|

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: _____ | |