



Owner Operator Credit Application

Salesperson's Name:		Phone:	
Dealer Name:		Dealer Phone:	
Dealer Fax:			
<input type="checkbox"/> 1 st Time Buyer/Applicant <input type="checkbox"/> Previous Finance Experience		Existing Equipment (# of units) Trucks: Tractors: Trailers:	
APPLICANT LEGAL NAME (Business or Individual)		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Social Security Number or Federal ID#		Date of Birth (if Individual Applicant):	
Primary Phone Number	Cell Phone Number	Fax Number	E-Mail Address
Present Physical/Mailing Address	City	County	State Zip
How Long at Present Address? Years: Months:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment:
Previous Address (if less than 2 years)			
IF BUSINESS APPLICANT:			
DBA Name	State of Organization/Incorporation		Year of Organization/Incorporation
Principal Owner	% Owned	Title	
CO-APPLICANT/GUARANTOR LEGAL NAME (Business or Individual)		<input type="checkbox"/> Individual <input type="checkbox"/> Inc. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Social Security Number or Federal ID#		Date of Birth (if Individual)	
Primary Phone Number	Cell Phone Number	Fax Number	E-Mail Address
Present Physical/Mailing Address	City	County	State Zip
How Long at Present Address? Years: Months:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with relatives		Monthly Payment
Previous Address (if less than 2 years)			
IF BUSINESS CO-APPLICANT:			
DBA Name	State of Organization/Incorporation		Year of Organization/Incorporation
Principal Owner	% Owned	Title	
NEAREST RELATIVES/PERSONAL REFERENCES NOT LIVING WITH APPLICANT/CO-APPLICANT			
Name			
Address	City	State	Zip Phone
Name			
Address	City	State	Zip Phone
CURRENT EMPLOYMENT INFORMATION OF APPLICANT/CO-APPLICANT			
Total Years of Driving Experience	Years as Owner Operator		Years as Company Driver
Name	City	State	Phone
Contact	Years at Current Employer	Months	Income
<input type="checkbox"/> Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/> Other		Other Annual Income <i>Applicant/Co-Applicant need not reveal alimony, child support, or separate maintenance income if he/she does not wish it considered as a basis for repayment of the obligation.</i>	
Products Hauled	Source	Amount	
FUTURE EMPLOYMENT OF APPLICANT/CO-APPLICANT			
Name	City/State		Phone Number
Contact	Monthly Miles	Monthly Revenue	Paid /mile % of Gross
Products to be Hauled	Commercial DL#		State
PREVIOUS EMPLOYERS OF APPLICANT/CO-APPLICANT			
Name	City	State	Phone Number & Contact Name
			How Long? years months
Name	City	State	Phone Number & Contact Name
			How Long? years months
Name	City	State	Phone Number & Contact Name
			How Long? years months
Trucks/Trailers Owned	Lending Institution	City/State	Phone #
Description of Collateral			Account #



**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 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 (Non-business applicants only.)

If a **person** is 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.

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