

\*Company Name:

## **CREDIT APPLICATION**

DBA:

Borrower/ nary Guarantor	Legal Business Type: Corp ☐ S-Corp ☐	LLC Other:	State of Incorporation:	*Fed Tax ID: -	
	*Date of , , *Busines	s , \	Signer for	Tax ID.	Title:
	Incorporation:// Phone: *Physical	(	Business:  *County:	*State:	*Zip:
	Address:	•	,		ΖΙρ.
	Mailing Address:	City:	County:	State:	Zip:
	For consideration of financing without personal guarant	are places include a complete financi	oial package. Contact the dea	olorshin Financo Manago	or for requirements
	*Name:		OB: / /	*SSN:	
	First, Middle, Last, Suffix (Jr., Sr., etc.)  DBA / Sole Proprietorship Name:				
Prin	*Address:	*City:	*County:	*State:	*Zip:
- "	*At above , , Prior		City:	State:	Zip:
	address since:/Address:	(Required if at current address for less that	•		Δ۱μ.
	Ownership:			*Phone: (	
	*Have you ever declared bankruptcy?   Yes  No   *If yes to any of these please explain (attach additional sheets if needed):				
	* Are you a defendant in any legal action?				
Cosigner/ Guarantor	PACCAR Financial requests the guaranty of all individumust be included on the application as a cosigner/guar.		corporate borrowers. If you re	eside in a community pro	pperty state your spouse
	Name: First, Middle Initial, Last		OOB://	SSN:	
	Address:	City:		State:	Zip:
	Ownership:				
Nearest Relatives	Name (not living with you) Relationship	Contact Phone	Street Address	City, State, Zi	n Code
	Treation (not wing with you) Treationship	( ) -	Oli CCL / Idal CSS	Oity, Otato, Zi	p code
		( ) -			
Industry Experience	*Fleet Size: *Commercial Driver since:/ *Owner Operator/Fleet since:/				
	*Applicant to Drive this Purchase: $\square$ Yes $\square$ No	CDL# <u>or</u> Driver's Name & CD	L#:		State:
	*Is this transaction replacement of units currently operated? ☐ Yes ☐ No	If No please explain:			
	Fleet Detail: # Class 8 Trucks:	# Medium Duty Trucks:	# Traile	rs:	# O/O:
a. (0	Haul/Employer Name Contact Name	Contact Phone	Start Date	Goods Hauled	Income/ % of Total Month Income
rce	* *	*( ) -	1 1	*	
Income Sources		( ) -	/ /		
_ 0,	<u> </u>	/			
Ø	Lender Name Contact Name	Contact Phone	Open Date	Acct Number Co	ollateral Balance
litor	*	*(	/		
Creditors			//		
			//		
The	undersigned ("Applicant") hereby authorizes	(1) the release of credit info	rmation to PACCAR Fir	nancial Corp. (PFC	or its designee (and
any	undersigned ("Applicant") hereby authorizes assignee or potential assignee thereof) from	any source including credit I	oureau reporting agenc	ies and Applicant's	bank, (2) PFC to
any shar	assignee or potential assignee thereof) from e information with its affiliates, and (3) PFC t	any source including credit losend information to Applic	oureau reporting agenc ant by facsimile or elec	ies and Applicant's tronic means. Appl	bank, (2) PFC to cant hereby
any shar repr	assignee or potential assignee thereof) from	any source including credit I o send information to Applic this credit application is (1)	oureau reporting agenc ant by facsimile or elect true, correct, and comp	ies and Applicant's tronic means. Appl plete, and (2) provic	bank, (2) PFC to icant hereby led for the purpose of
any shar repro obta shal	assignee or potential assignee thereof) from e information with its affiliates, and (3) PFC t esents that all of the information contained in ining credit from PFC. The credit is for comm apply to this application and subsequently for	any source including credit I o send information to Applic this credit application is (1) percial use only. Married app or the purposes of updating,	oureau reporting agenc ant by facsimile or elec- true, correct, and comp licants can apply for an renewal or extension o	ies and Applicant's tronic means. Applolete, and (2) provice individual account f such credit and for	bank, (2) PFC to cant hereby led for the purpose of This authorization or reviewing or
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