

Mack Commercial Finance

FINANCING APPLICATION

Phone: (866) 281-8585 Fax: (336) 931-4119

7025 Albert Pick Rd., Suite 105
Greensboro, NC 27409

Dealer _____ Dealer Code _____ Contact _____

APPLICANT INFORMATION

Name of Borrower		<input type="checkbox"/> Owns home <input type="checkbox"/> Rents home	Phone ()	
Address			Fax ()	
City	State	Zip	County of residence	
Federal I.D. or Social Security Number		Pager ()	Cell Phone ()	
Borrower is (Check One)		<input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp.	Year Started	Year Incorporated: _____ State Incorporated: _____
Current Fleet Size No. Trucks _____ Trailers _____		Purpose <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	E-mail address	
For Owner-Operators: (Highway)	Is this your first truck purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long as an Owner-Operator? ___ yrs. ___ mos.	Driving experience ___ yrs. ___ mos.	Driver exp. if other than owner ___ yrs. ___ mos.
Vocational:	Years in business	1 st truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Usage: <input type="checkbox"/> Aggregate <input type="checkbox"/> Mixer <input type="checkbox"/> Dump <input type="checkbox"/> General Other _____	
1. Owner Name (May be Same As Borrower if Individual)		% Owned	Title	Social Security Number
Address		City	State	Zip
2. Owner Name		% Owned	Title	Social Security Number
Address		City	State	Zip
Nearest Relative Name & Relationship		Relative's address		Phone of relative ()

CREDIT REFERENCES

Bank Name		Account Number	Contact	Phone ()
Finance Reference	Collateral	Account Number	Contact	Phone ()
Finance Reference	Collateral	Account Number	Contact	Phone ()
Major Trade Reference		Goods Purchased	Contact	Phone ()
Major Trade Reference		Goods Purchased	Contact	Phone ()

HAULING REFERENCES / WORK SOURCES

1. Company Hauling For	Product Hauled	How Long? ___ yrs. ___ mos.	Contact	Phone ()
2. Company Hauling For	Product Hauled	How Long? ___ yrs. ___ mos.	Contact	Phone ()

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES MACK COMMERCIAL FINANCE, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR INVESTIGATIVE AGENCY TO INVESTIGATE THE INFORMATION CONTAINED WITHIN THIS APPLICATION AND OBTAIN INFORMATION ABOUT THE UNDERSIGNED'S ACCOUNTS AND CREDIT EXPERIENCE. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. MACK COMMERCIAL FINANCE, OR PERSON TO WHOM THIS APPLICATION IS MADE, MAY ALSO DISCLOSE INFORMATION ABOUT THE UNDERSIGNED TO OTHER LENDERS AND CREDIT BUREAUS AND OTHER PERSONS INCLUDING ENTITIES AFFILIATED AND ASSOCIATED WITH MACK COMMERCIAL FINANCE. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY MACK COMMERCIAL FINANCE, ITS AFFILIATES AND SUBSIDIARIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

Signature	Title	Date
Signature	Title	Date