

Mack Financial Services

FINANCING APPLICATION

Contact _____

Dealer _____
 Dealer Phone: _____

Dealer Code: _____
 Dealer Fax: _____

Name of Borrower				Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Muni				
Physical Address			City		State		Zip	
Mailing Address (Check if same as physical address: <input type="checkbox"/>)				City		State		Zip
Phone		Fax		Cell Phone		Email		
Federal I.D. # or Social Security Number		Year Started:		Year Incorp: State Incorp:		Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Damage Deduct. Amt:
CDL#	Driver's Date of Birth		Radius of Operations		State Garaged		MC Authority?	
Driver's License #	DL Expiration Date	DL State of Issuance		Is this the most recent license issued by your state of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Annual Sales: <input type="checkbox"/> <\$10MM <input type="checkbox"/> \$10-50MM <input type="checkbox"/> >\$50MM			Nature of Business/Haul Description:					
Would the equipment be rented or subleased: <input type="checkbox"/> Yes <input type="checkbox"/> No				Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of yrs driving experience (please complete "Company Hauling For" below)						
# of power units owned:		# of trailers owned:		Haul Haz Mat? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Haz Mat hauled list type:		
Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Replacement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outstanding Judgments: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Name (May be Same As Borrower if Individual)			% Owned	Date of Birth	Title	Social Security Number		
Address		City		State	Zip	Phone ()		
Owner Name/Co-Borrower/Guarantor			% Owned	Date of Birth	Title	Social Security Number		
Address		City		State	Zip	Phone ()		
CREDIT REFERENCES								
Bank Name			Account Number		Contact		Phone ()	
Check all that apply: <input type="checkbox"/> Checking Acct. <input type="checkbox"/> Truck/Trailer Loans <input type="checkbox"/> Other Loans/Lines of Credit								
Finance Reference		Collateral		Account Number		Contact	Phone ()	
Finance Reference		Collateral		Account Number		Contact	Phone ()	
WORK SOURCES								
1. Company Hauling For		Products Hauled		How Long? __yrs. __mos.	Contact		Phone ()	
2. Company Hauling For		Products Hauled		How Long? __yrs. __mos.	Contact		Phone ()	

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Signature	Title	Date
Signature	Title	Date