

# Mack Financial Services

# FINANCING APPLICATION

Email: ooc@vfsc.com Phone: (877) 865-8623

Fax: (336) 931-4119

Contact: \_\_\_\_\_

Dealer: \_\_\_\_\_

Dealer Code: \_\_\_\_\_

Dealer Phone: \_\_\_\_\_

Dealer Fax: \_\_\_\_\_

|   |  |  |   |  |  |  |                        |
|---|--|--|---|--|--|--|------------------------|
| Name of Borrower  |  |  |   | Borrower is <input type="checkbox"/> Individual <input type="checkbox"/> D/B/A <input type="checkbox"/> Corp<br><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                    |
| Year at current address   |  | Federal I.D. # or Social Security #  |   | Driver's Date of Birth   |  | Do you have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>How many years with CDL?          |                        |
| Driver's License #  |  | DL Expiration Date   |   | DL State of Issuance   |  | Is this the most recent license issued by your state of residency?   |                        |
| Phone   |  | Fax  |   | Cell Phone   |  | Email  |                        |
| Years in business   |  | Year Started:  |   | Year Incorp:<br>State Incorp:  |  | Self-Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Physical Damage Deductible Amt:        |                        |
| Tax Exempt?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  | Radius of Operations   |   | State Garaged  |  | MC Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide MC Number _____ |                        |
| Annual Sales/Revenue:   |  |  | Nature of Business/Haul Description:  |  |  |  |                        |
| Would the equipment be rented or subleased:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Haul Haz Mat? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  | If Haz Mat hauled, list type(s):                                       |  |                        |
| Do you have prior industry experience? <input type="checkbox"/> Yes <input type="checkbox"/> No         |  |  | # of yrs driving experience (please complete "Company Hauling For" below) _____ |  |  |  |                        |
| Prior Bankruptcy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                           |  | Outstanding Judgments:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  | Tax Liens?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                        |
| First Time Buyer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                           |  | Replacement?<br><input type="checkbox"/> Yes <input type="checkbox"/> No           |   | Expansion?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | # of power units owned:  |                        |
|   |  |  |   |  |  | # of trailers owned:   |                        |
| *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                  |

\*If more than 2 owners, please provide additional information on a separate page submitted with this application to include the ownership percentage, owner's names, address and phone number.

|  |  |   |  |
|--|--|---|--|
| <b>CREDIT REFERENCES</b>   |  |   |  |
| 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 Avg Monthly Bank Balance |  |   |  |
| Have you ever financed a truck before? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Do you own or operate other vehicles and/or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other equipment? |  |
| Finance Reference  |  | Collateral  |  |
|  |  | Account Number  |  |
|  |  | Contact   |  |
|  |  | Phone   |  |
| Finance Reference  |  | Collateral  |  |
|  |  | Account Number  |  |
|  |  | Contact   |  |
|  |  | Phone   |  |

|                        |  |                                    |  |
|------------------------|--|------------------------------------|--|
| <b>WORK SOURCES</b>    |  |                                    |  |
| 1. Company Hauling For |  | Products Hauled                    |  |
|                        |  | How Long? _____ yrs.<br>_____ mos. |  |
|                        |  | Contact                            |  |
|                        |  | Phone                              |  |
| 2. Company Hauling For |  | Product Hauled                     |  |
|                        |  | How Long? _____ mths<br>_____ yrs  |  |
|                        |  | Contact                            |  |
|                        |  | Phone                              |  |

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED IN THIS FINANCING APPLICATION IS TRUE AND CORRECT AND AUTHORIZES <<VCFNAMEUCASE>>, A DIVISION OF VFS US LLC, ITS AFFILIATES AND SUBSIDIARIES AND ITS SERVICE PROVIDERS ("THE VFS PARTIES") 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. THE VFS PARTIES 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 THE VFS PARTIES. THE UNDERSIGNED CERTIFIES THAT THE OWNERSHIP INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE AND COMPLETE AND THAT NEITHER THE UNDERSIGNED NOR ANY OF THE UNDERSIGNED'S DIRECT OR INDIRECT OWNERS ARE SUBJECT TO ANY PROHIBITIONS UNDER ANY REGULATION OR ORDERS OF THE U.S. DEPT. OF TREASURY'S OFFICE OF FOREIGN ASSETS CONTROL. THE UNDERSIGNED AGREES THAT THE VFS PARTIES MAY PROCESS DATA AND/OR INFORMATION IN ANY COUNTRY WHERE PARTIES MAY HAVE A PRESENCE. THE UNDERSIGNED ALSO CERTIFIES THAT THEY DO NOT ENGAGE IN ANY TRANSACTIONS PROHIBITED BY ANY U.S. LAWS. THIS SHALL BE CONTINUING AUTHORIZATION FOR ALL PRESENT AND FUTURE INQUIRIES AND DISCLOSURES OF ACCOUNT INFORMATION AND CREDIT EXPERIENCE ON THE UNDERSIGNED MADE BY THE VFS PARTIES OR PERSON TO WHOM THIS APPLICATION IS MADE OR ANY PERSON REQUESTED TO RELEASE SUCH INFORMATION.

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
| Signature | Title | Date |