Peter Brakner (817) 343-7183

## COMMERCIAL CREDIT APPLICATION

COMPANY / BUYER / GUARANTOR INFO										
BUSINESS OR COMPANY NAME (INC, LLC, OR DBA)						COMPANY FED TAX I.D. #		STATE & Y	EAR FILED	
asdf				1024	asdf		asdf / 11-20-1000			
PERSONAL GUARANTOR				% OWNERSHIP		SOCIAL SECURITY #		PG #1 - DATE OF BIRTH		
Jennifer Mora	#2 - FULL NAME (FIRST,MI,LA	100 AME (FIRST,MI,LAST) % OWNERSHIP			945-21-5205 social security #		11-22- PG #2 - DAT			
CO-BUTER OR PER	SONAL GUARANTON	. #2 - FOLL NAME (FIRST, MI, LA	131)	% OWNERSHIP		SOCIAL SECORITI	•	PG #2 · DAT	E OF BIRTH	
BUSINESS MAILING	3 ADDRESS	CITY		STATE		ZIP CODE		COUNTY	/PARISH	
asdf		asdf		asdf		asdf				
BUSINESS PHYSICAL ADDRESS (REQUIRED)		CITY		STATE		ZIP CODE		COUNTY	PARISH	
asdf		****		asdf	asdf					
213-875-1856		213-875-1856	IRED)	OWN or RENT	MOR	TGAGE/RENT PAY	MENT	# OF YRS AT CU	IRRENT ADRESS	
PREV. ADDRESS (LESS THAN 2 AT CURRENT)		CITY		ST		ZIP CODE	HOW LONG AT THIS A		ADDRESS	
		E-MAIL ADDRES		S IS (REQUI	RED)		l			
mora@example.net										
TAX RETURNS & BANKS AVAILABLE?		EVER FILED BANKRUPTCY		EVER HAD A REPO				OPEN LEINS OR JU	DGMENTS	
# OF TRUCKS YOU OWN NOW		# OF TRAILERS YOU OW	INFORMATION & EXP		=:  =\(G= L# & STATE ISSUED			WILL YOU BE THE DRIVER		
# YRS OF TRUCKING OR INDUSTRY EXP.		# YRS AS OWNER/OPER	TOR ARE YOU ADD		ADDING E	DDING EQUIPMENT TO YOUR FLEET		- IF SO PLEASE EXPAIN WHY?		
					VOLID OWN TO FR-					
TYPE OF GOODS HAULED		ACTUAL OR EST. GROSS R	EVENUE	/ENUE DO YOU PUL		YOUR OWN TRAILERS		STATE YOU WILL REGISTER?		
REGIONAL or OVER THE ROAD HAUL		USDOT# (IF APPLICAB	LE)	E) USE LO		D BOARDS - Y or N DED		CATED HAUL OR CONTRACT - Y or N		
FIRST TIME BUYER - YES or NO?		# YEARS CDL EXPERIE	PERIENCE WILL YOU LEASE TO A		ANOTHER MOTOR	CARRIE	R - NEED CO. NAME	& PHONE #		
#1 - EMPLOYER OF		RK OR EMPLOYMENT PHONE NUMBER	HISTORY	Y AS DRIVER YRS or NEW	or OW	CONTACT NAME	OR	DRIVER OR	OWNER OP	
#2 - EMPLOYER OR HAUL REF		PHONE NUMBER	HOW LONG			CONTACT NAME		DRIVER OR	OWNER OP	
#3 - EMPLOYER OR HAUL REF		PHONE NUMBER	BER HOW LONG			CONTACT NAME		DRIVER OR	DRIVER OR OWNER OP	
#4 - EMPLOYER OR HAUL REF		PHONE NUMBER	PHONE NUMBER HOW LONG		CONTACT NAME		DRIVER OR OWNER OP			
		ERCIAL CREDIT HIST		EAVY OF MED			ENT)			
I HAVE COMMERCIAL CREDIT EXP - Y OR N		IF SO - HOW MANY YEARS		YOUR BANK NAME			\$ CASH ON HAND NOW			
BANK OR LENDER NAME or PAID CASH		BANK OR LENDER'S PHONE #		EQUIPMENT (YEAR, MAKE, & M		DDEL)	DEL) ORIGINAL LOAN \$ AMOU			
BANK OR LENDER NAME or PAID CASH		BANK OR LENDER'S PHONE #		EQUI	EQUIPMENT (YEAR, MAKE, & MODEL)			ORIGINAL LOAN \$ AMOUNT		
BANK OR LENDER NAME or PAID CASH		BANK OR LENDER'S PHONE #			EQUIPMENT (YEAR, MAKE, & MOD			L) ORIGINAL LOAN \$ AMOUNT		
BANK OR LENDER NAM	E OF PAID CASH	BANK OR LENDERS	PHONE #	EQUI	IPMENI (	TEAR, MAKE, & MC	DUEL)	ORIGINAL LOS	IN \$ AMOUNT	
				ICT A CREDIT INVEST	TIGATION					
		uthorization"). By signing this Auth		Dalasias Tarak and	6			-1-11121		
w	hich the Dealer or MBF	S and/or Daimler Trust submits my	application (	("You" or "Your") to	investigat	e my credit and empl	oyment hi	story (if individual), ob		
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 acredit. Earthorization RSF or pished Frost or following to the Confession formation about Your Credit experience with me as the										
3. I i	ntend to use the purch	tion, I authorize MBFS or Daimler ased or leased Equipment primaril	y for business	s or commercial pur	poses, and	not for personal, fan	nily, house	hold or agricultural pu	urposes. Generally	
4. If	speaking, the term agricultural purposes does not mean over the road transportation hauling goods.  4. 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									
5. I c		unt. and agree to the terms of this Auth	norization and	d the accompanying	credit app	lication and that the	informatio	on in both documents	is complete and	
6. If	true. 6. If I am an individual, I authorize the release of federal and state records of my employment and income history. A bankruptcy proceeding is neither in progress nor expected. 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									
7. I c	quired, audited if possi consent and agree that	ble. I will notify MBFS and Daimler MBFS, Daimler Trust, and any succ	Trust if I beo essors, affilia	come aware of any rates, agents or servi	material ch ce provide	ange in my financial o	ondition. permitted l	by law; (i) monitor and	d record telephone	
m	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 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.										
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 of damage to the vehicle for term of any contract. For a lease, you must also have the										
MAINE, RHODE ISLAND, AND TENNESSER RESIDENTS: You must have physical damage insurance covering loss of damage to the vehicle for term of any contract. For a lease, you must also have the ilability 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. You choice of insurance will not affect the 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 t										
NEW YOURK 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 Rights Commission administers compliance with this law.										
						In W				
Borrower Name (Print):		Guara		ntor Name (if applicable - print)		Jennifer	ter Mora			
Pormur- Cit				Guarantes Sissestino					1	
Borrower Signature:				Guarantor Signature:					1	
Title:				Title:		owner			ı	
(Only app	licable if Borrower is NC		1		(Only app	licable if Guarantor is	NOT an in	dividual)		
						03-21-20	25		1	

Borrower Signature:

Title:

(Only applicable if Borrower is NO

Co-Borrower Name (Print):

Co-Borrower Signature:

Guarantor Name: (If applicable - print):

Co-Borrower Signature:

Guarantor Signature:

Guarantor Signature:

Guarantor Signature:

Guarantor Signature:

Guarantor Signature:

Title:

(Only if Co-Borrower is NOT and individual)

Date:

Date:

Date:

Date:

OWNET

OWNET

OGUARANTOR (Print):

Guarantor Signature:

Guarantor Signature:

Title:

(Only if Co-Borrower is NOT and individual)

Date:

Date:

Date:

Owner

OGUARANTOR (Print):

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