COMMERCIAL CREDIT APPLICATION

										3rakner 43-7183	
BIICINE	SS OR COMPANY NAM	COMPANY	/ BUYE	R / GUA # YRS IN		OR INFO COMPANY FED TAX I.D. #			STATE & YEAR FILED		
asdf	SS OR COMPANT NAM	E (INC, ELC, OR DBA)		0	воз.		asdf	.u. #	asdf / 02-25		
	PERSONAL GUAI	RANTOR		% OWNERSHIP		SOCIAL SECURITY #		PG #1 - DATE OF BIRTH			
Jennifer Mora				100		945-21-5205			02-26-2025 PG #2 - DATE OF BIRTH		
CO-BUYER OR ***PE	ERSONAL GUARANTOR	#2 - FULL NAME (FIRST,MI,LA	ST)	% OWNE	RSHIP	:	SOCIAL SECURITY	#	PG #2 - DAT	E OF BIRTH	
BUSINESS MAILI	NG ADDRESS	CITY		STAT	E		ZIP CODE		COUNTY	/PARISH	
asdf		asdf		asdf			asdf				
BUSINESS PHYSICAL ADDRESS (REQUIRED)		asdf		state asdf		zip code asdf			COUNTY	PARISH	
ASCIT MAIN BUSINESS PHONE #		OWNERS CELL # (REQUIRED)		OWN or RENT		MOR	MORTGAGE/RENT PAYMENT		# OF YRS AT CURRENT ADRES		
213-875-1856		213-875-1856	NED)	OHI O			TOAOLINE TAT		# OF THE AT SE	MENT ADMESS	
PREV. ADDRESS (LESS THAN 2 AT CURRENT)		CITY		ST		ZIP CODE			HOW LONG AT THIS	ADDRESS	
		E MAII	ADDRES	e ie /p	EAIII	DED)					
E-MAIL ADDRESS IS (REQUIRED) mora@example.net											
TAX RETURNS & BANKS AVAILABLE?		EVER FILED BANKRUPTCY		EVER HAI		D A REPO		OPEN LEINS OR JU	DGMENTS		
		BUSINESS IN	NFORM <i>A</i>	ATION 8	EXP	ERIENC	E				
# OF TRUCKS YO	OU OWN NOW	# OF TRAILERS YOU OWN	NOW	CE	L OR D	L# & STA	TE ISSUED		WILL YOU BE THE	DRIVER	
# YRS OF TRUCKING O	OR INDUSTRY EXP.	# YRS AS OWNER/OPERA	ATOR	ARI	E YOU A	ADDING E	QUIPMENT TO YOU	JR FLEET	- IF SO PLEASE EX	PAIN WHY?	
TYPE OF GOODS HAULED		ACTUAL OR EST. GROSS REVENUE		DO YOU PULL YOUR O			WN TRAILERS		STATE YOU WILL REGISTER?		
REGIONAL or OVER THE ROAD HAUL		USDOT# (IF APPLICABLE)		USE LOAD BOA			DARDS - Y or N DEDIC		ATED HAUL OR CONTRACT - Y or N		
		,									
FIRST TIME BUYE	R - YES or NO?	# YEARS CDL EXPERIEN	NCE	WIL	L YOU L	LEASE TO	ANOTHER MOTOR	CARRIE	R - NEED CO. NAME	& PHONE #	
	WOR	RK OR EMPLOYMENT I	HISTOR	V AS DE	IVER	or OW	NED ODERAT	n P			
#1 - EMPLOYER (PHONE NUMBER	HSTOK	YRS or		0.01	CONTACT NAME	J.	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		HOW LONG		CONTACT NAME		DRIVER OR	OWNER OP		
#4 - EMPLOYER (OR HAUL REF	PHONE NUMBER		HOW L	ONG		CONTACT NAME		DRIVER OR	OWNER OP	
	COMM	IERCIAL CREDIT HIST	ORY (HI	EAVY O	F MED	DIUM D	UTY EQUIPMI	ENT)			
I HAVE COMMERCIAL CREDIT EXP - Y OR N		IF SO - HOW MANY YEARS				YOU	YOUR BANK NAME		\$ CASH ON HAND NOW		
BANK OR LENDER NA	AME or PAID CASH	BANK OR LENDER'S	PHONE #		EQUI	IPMENT (YEAR, MAKE, & MC	DDEL)	ORIGINAL LO	AN \$ AMOUNT	
BANK OR LENDER NAME or PAID CASH		BANK OR LENDER'S PHONE #		EQUIPMEN		IPMENT (MENT (YEAR, MAKE, & MODEL)		ORIGINAL LOAN \$ AMOUNT		
BANK OR LENDER NAME or PAID CASH		BANK OR LENDER'S PHONE #		EQUIPMENT (YEAR, MAK			YEAR, MAKE, & MC	& MODEL) ORIGINAL LO		AN \$ AMOUNT	
If applying for credit, please s	ign this authorization ("A	AUTHORIZATION athorization"). By signing this Auth		JCT A CRED	IT INVEST	TIGATION					
1.		des-Benz Financial Services USA LL and/or Daimler Trust submits my								atain crodit	
	reports, contact any of m credit application which Y	y current or former creditors to ve ou deem relevant to the possible	rify any info extension of	rmation con f credit to m	ntained h ie ("Infor	nerein or re mation"),	eceived in connection and release Informati	with this A	Authorization or the a	ccompanying	
2.	law permits. I authorize N If required by the transact	IBFS or Daimler Trust to disclose In tion, I authorize MBFS or Daimler T	nformation t Trust to file	to any affilia a UCC Finan	ite, assig icing Stat	ns or agen tement.	t.				
	speaking, the term agricu	intend to use the purchased or leased Equipment primarily for business or commercial purposes, and not for personal, family, household or agricultural purposes does not mean over the road transportation hauling goods. an account is created, lauthorize two to obtain credit reports for the purpose of reviewing or taking collection action on the account, or for other legitimate purposes									
5.	associated with the accou I certify that I have read a	sociated with the account. ertify that I have read and agree to the terms of this Authorization and the accompanying credit application and that the information in both documents is complete and									
6.		horize the release of federal and st									
	required, audited if possi	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 quired, audited if possible. I will notify MBFS and Daimler Trust if I become aware of any material change in my financial condition. onsent and agree that MBFS, Daimler Trust, and any successors, affiliates, agents or service providers may to the extent permitted by law; (i) monitor and record telephone									
	manual calling methods,	int to assure quality of service or for prerecorded or artificial voice mess number I provide, now or in the fo	sages, text n	nessages, e	mails an	d/or autor	natic dialing systems.	Such mea	ns of contact may incl	ude of an e-mail	
CALIFORNIA RESIDENT: Appli			uture, mciuc	ang a cenun	ai piione	or other w	vii eless device fluffibe	ri, regardie	ess of whether thicur	.narges as a resurt.	
MAINE, RHODE ISLAND, AND liability insurance as describe	TENNESSEE RESIDENTS: d in the lease, you may be	You must have physical damage in: by this insurance from anyone you proval process unless the insurance	choose. You	ı do not hav	e to buy	it from or	through someone aff	iliated with	h the dealer or an assi	gnee of this	
of the dealer or an assignee of	of the contract.										
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 lav histories on each individual u	vs against discrimination r pon request. The Ohio Rig	equire that all creditors make cred hts Commission administers comp	dit equally av	vailable to a this law.	ll credity	worthy cust	comers, and that cred	it reportin	g agencies maintain s	parate credit	
Borrower Name (Print):		Curren		ntor Name (if applicable - print)			Jennifer	Jennifer Mora			
DUITOWEI NAME (P'INT):		Guara		reasso (ii approdule - print)					1		
Borrower Signature:				Guarantor Signature:							
Title:				Title:			owner		,	İ	
	tle: pplicable if Borrower is NO						licable if Guarantor is	-			
Date:				Date:		03-14-2025			İ		
Co-Borrower Name (Prin	nt):		Guaran	tor Name: (I	f applical	ble - print):				İ	
[-	i	

CREDIT APP

Title:
(Only applicable if Guarantor is NOT an individual)

Title:
(Only if Co-Borrower is NOT and individual)