

## 1 Pierce Place, Suite 1100 Itasca, Illinois 60143

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| DEALER NAME  |                                    |                     |              |               |                                 |                |   |                                 | DEALER PHONE                    |          |        |           |  |
|--|------------------------------------|---------------------|--------------|---------------|---------------------------------|----------------|---|---------------------------------|---------------------------------|----------|--------|-----------|--|
| EMAIL:   |                                    |                     |              |               |                                 |                |   |                                 | DEALER CONTACT                  |          |        |           |  |
| ,  | CREDIT APPLICATION                 |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| APPLICANT (COMPLETE LEGAL NAME OF BUSINESS)  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| BUISNESS ADDRESS: VE   |                                    |                     |              |               |                                 |                | VEHICLE ADDRESS:  |                                 |                                 |          |        |           |  |
| CITY:  |                                    | E: ZIP:             |              |               | CITY:                           |                |   | STATE: ZIP:                     |                                 |          |        |           |  |
| PHONE:   |                                    | FAX:                |              |               |                                 | WEBSITE:       |   |                                 |                                 |          |        |           |  |
| # OF YEARS IN BUSINESS: FEDERA   |                                    |                     | RAL TAX ID:  |               |                                 | BUSINESS EMAIL |   |                                 |                                 |          |        |           |  |
| # OF YEARS AS DRIV   | ER:                                | ARS 0/0:            |              |               | WILL YOU DRIVE THE UNIT? YES NO |                |   |                                 |                                 |          |        |           |  |
| EXISTING FLEET SIZE  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
|  | # FINANCED                         |                     |              | # LEASED (Cap |                                 |                | pitalized)  |                                 | # OWNED                         | ) #TOTAL |        | # TOTAL   |  |
| Trucks / Trailers:   |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| Trailers:  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| GUARANTORS / PRINCIPALS  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| NAME OF PRINCIPAL / GUARANTOR (First, MI, Last)  |                                    |                     |              |               |                                 |                |   | SOCIAL SECURITY #               |                                 |          |        |           |  |
| ADDRESS:   |                                    |                     | CITY: STATE: |               |                                 | ZIP:           |   |                                 | HOMEOWNER? YES ☐ NO ☐ HOW LONG? |          |        | HOW LONG? |  |
| HOME PHONE:  |                                    |                     | CELL PHONE:  |               |                                 | DOB:           |   |                                 | EMAIL:                          | EMAIL:   |        |           |  |
| % OF OWNERSHIP:  |                                    | YEARS WITH COMPANY: |              |               | TITLE:                          |                |   |                                 |                                 |          |        |           |  |
| NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)  |                                    |                     |              |               |                                 |                |   |                                 | SOCIAL SECURITY #               |          |        |           |  |
| ADDRESS:   |                                    | CITY: STATE:        |              |               | ZIP:                            |                |   | HOMEOWNER? YES ☐ NO ☐ HOW LONG? |                                 |          |        |           |  |
| HOME PHONE:  |                                    | CELL PHONE:         |              |               | DOB:                            |                |   | EMAIL:                          |                                 |          |        |           |  |
| % OF OWNERSHIP YEARS WITH COMPANY:   |                                    |                     |              |               |                                 |                | TITLE:  |                                 |                                 |          |        |           |  |
| PRIMARY HAULING REFERENCES   |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| #1 REVENUE SOURCE % OF REVENUES  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| PRIMARY CONTACT  |                                    |                     |              |               |                                 |                | YRS OF SERVICE  |                                 |                                 |          | PHONE: |           |  |
| #2 REVENUE SOURCE  |                                    |                     |              |               |                                 |                |   | % OF                            | FREVENUES                       | NUES     |        |           |  |
| PRIMARY CONTACT YRS OF SERVICE PHONE:  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          | PHONE: | PHONE:    |  |
| EQUIPMENT REFERENCES   |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| CREDIT/ FINANCE CO   | MPANY NAME:                        |                     |              |               |                                 |                |   | Р                               | HONE:                           |          |        |           |  |
| ACCOUNT #  |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| CREDIT/ FINANCE CO   | MPANY NAME:                        |                     |              |               |                                 |                |   | F                               | PHONE:                          |          |        |           |  |
| ACCOUNT#   |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| TRANSACTION DETAIL   |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| YEAR:  | MAKE: MODEL:                       |                     |              |               |                                 | SPE            | SPECIFICATIONS (engine, miles, transmission, sleeper size, etc) |                                 |                                 |          |        |           |  |
| NEW USED   | REPLACEMENT ☐ ADDITION ☐ QUANTITY: |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| SELLING PRICE:   |                                    |                     |              |               |                                 |                | TERM REQUESTED: 24 ☐ 36 ☐ 48 ☐ 60 ☐ 72 ☐ OTHER ☐                |                                 |                                 |          |        |           |  |
| TAXES:   | \$ NET TRADE IN: \$                |                     |              |               | TAX EXEMPT: YES NO              |                |   |                                 |                                 |          |        |           |  |
| CASH DOWN:   | \$                                 |                     |              |               |                                 |                | RESIDUAL %:   |                                 |                                 |          |        |           |  |
| The undersigned individual(s) certifies the following: (1) the information provided in connection with this application is true and accurate and has been submitted to obtain commercial credit; (2) Dealer and Mitsubishi HC Capital America, Inc. ("Creditor"), jointly or separately, are authorized to investigate and verify any information provided and to make inquiry of references, other creditors or lessors as to credit worthiness; (3) applicant(s), guarantor(s), owners, principals, named above, (hereafter referred to as "Customer") and/or any individual whose name appears on the application explicitly authorizes any consumer reporting agency and other individuals to provide credit information to Dealer and Creditor for use in connection with the transaction. Dealer, Creditor, and joint users of such information are authorized to receive, exchange and to update such credit information as appropriate during the term of the transaction. Creditor will require proof of identity as required under the USA Patriot Act. I hereby consent to receive telephone, cell phone, e-mail or faxed communications from Creditor. You hereby authorize us to share your information for marketing purposes. You must provide us with written notification that you do not want us not to share your information (except transactional or experience information). Please direct your request to Mitsubishi HC Capital America, Inc. ATTN: Chief Risk Officer, at apps@mhccna.com. Please include your social security number. NOTE: You have the right to a written statement of the specific reasons for the denial if your application is declined. Please contact Creditor at apps@mhccna.com within 60 days from the date you are notified of our decision for a written statement. A written statement of decline reasons will be sent to you within 30 days of receiving your request. The Equal Credit Opportunity Act prohibits creditors from discriminating against applicants on the basis of race, religion, national origin, color, sex, marital status, age or other discrimina |                                    |                     |              |               |                                 |                |   |                                 |                                 |          |        |           |  |
| Print Name & Date:   |                                    |                     |              |               |                                 | Print N        | lame & Date:  |                                 |                                 |          |        |           |  |