

 <b>MITSUBISHI HC CAPITAL AMERICA</b>		<b>1 Pierce Place, Suite 1100 Itasca, Illinois 60143</b>		Phone: 800.680.3002 Fax: 630.256.8408 Email:apps@mhccna.com	
DEALER NAME			DEALER PHONE		
EMAIL:			DEALER CONTACT		
<b>CREDIT APPLICATION</b>					
APPLICANT (COMPLETE LEGAL NAME OF BUSINESS) <b>Petya INC</b>					
BUSINESS ADDRESS: <b>12 3th st</b>			VEHICLE ADDRESS:		
CITY: <b>New-York</b>	STATE: <b>NY</b>	ZIP: <b>12224</b>	CITY:	STATE:	ZIP:
PHONE: <b>(888)999-9999</b>	FAX:		WEBSITE:		
# OF YEARS IN BUSINESS: <b>4y4m</b>	FEDERAL TAX ID: <b>11-11111111</b>	BUSINESS EMAIL <b>1@petya.com</b>			
# OF YEARS AS DRIVER:	# OF YEARS O/O:	WILL YOU DRIVE THE UNIT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>EXISTING FLEET SIZE</b>					
	# FINANCED	# LEASED (Capitalized)	# OWNED	# TOTAL	
Trucks / Trailers:					
Trailers:					
<b>GUARANTORS / PRINCIPALS</b>					
NAME OF PRINCIPAL / GUARANTOR (First, MI, Last) <b>Petya Pupkin</b>			SOCIAL SECURITY # <b>11111111</b>		
ADDRESS: <b>12 1th st</b>	CITY: <b>Miami</b>	STATE: <b>FL</b>	ZIP: <b>18210</b>	HOMEOWNER? YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW LONG?
HOME PHONE:	CELL PHONE: <b>(888)999-9999</b>	DOB: <b>01/01/2000</b>	EMAIL: <b>1@petya.com</b>		
% OF OWNERSHIP: <b>100</b>	YEARS WITH COMPANY:	TITLE: <b>owner</b>			
NAME OF PRINCIPAL / GUARANTOR (First, Middle, Last)			SOCIAL SECURITY #		
ADDRESS:	CITY:	STATE:	ZIP:	HOMEOWNER? YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW LONG?
HOME PHONE:	CELL PHONE:	DOB:	EMAIL:		
% OF OWNERSHIP	YEARS WITH COMPANY:	TITLE:			
<b>PRIMARY HAULING REFERENCES</b>					
#1 REVENUE SOURCE			% OF REVENUES		
PRIMARY CONTACT			YRS OF SERVICE	PHONE:	
#2 REVENUE SOURCE			% OF REVENUES		
PRIMARY CONTACT			YRS OF SERVICE	PHONE:	
<b>EQUIPMENT REFERENCES</b>					
CREDIT/ FINANCE COMPANY NAME:			PHONE:		
ACCOUNT #					
CREDIT/ FINANCE COMPANY NAME:			PHONE:		
ACCOUNT #					
<b>TRANSACTION DETAIL</b>					
YEAR:	MAKE:	MODEL:	SPECIFICATIONS (engine, miles, transmission, sleeper size, etc)		
NEW <input type="checkbox"/> USED <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/> ADDITION <input type="checkbox"/>	QUANTITY:			
SELLING PRICE:	\$		TERM REQUESTED: 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> OTHER <input type="checkbox"/>		
TAXES:	\$	NET TRADE IN: \$	TAX EXEMPT: YES <input type="checkbox"/> NO <input type="checkbox"/>		
CASH DOWN:	\$	AMT TO FINANCE: \$	RESIDUAL %:		
<p>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.</p> <p>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 discriminating basis. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580. Applicant(s) and/or any guarantor(s) have read and agree to the above ECOA consent and notice.</p>					
SIGNATURE:			SIGNATURE:		
Print Name & Date:	<b>Petya Pupkin 05/03/2024</b>		Print Name & Date:		