

# Peterbilt of Connecticut

PLEASE PRINT OR TYPE

# CREDIT APPLICATION

PERSONAL INFORMATION					
NAME: FIRST MIDDLE INITIAL LAST			DATE OF APPLICATION		
SOCIAL SECURITY NUMBER		DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED		NO. OF DEPENDENTS
ADDRESS				PHONE NUMBER	
CITY, STATE, ZIP CODE				HOW LONG AT THIS ADDRESS? YRS	HOW LONG IN AREA? YRS
FORMER ADDRESSES (FIVE YEAR MINIMUM)			CITY, STATE, ZIP CODE		HOW LONG?
BUSINESS NAME				BUSINESS TAX I.D. NUMBER	
BUSINESS ADDRESS (IF DIFFERENT FROM ABOVE)				BUSINESS PHONE NUMBER	
EMPLOYMENT HISTORY FOR PAST FIVE YEARS (Present or Last Employer First)					
1	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
2	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
3	NAME AND ADDRESS OF COMPANY		PHONE NO.	POSITION(S) HELD	HOW LONG?
COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION WITH YOUR SPOUSE, OR IF YOU ARE RELYING ON YOUR SPOUSE'S INCOME OR ASSETS AS A BASIS FOR REPAYMENT OF THE CREDIT REQUESTED, OR IF YOU RESIDE IN COMMUNITY PROPERTY STATE.					
SPOUSE'S NAME (FIRST, M.I., LAST)				SOCIAL SECURITY NUMBER	DATE OF BIRTH
SPOUSE'S EMPLOYER				POSITION(S) HELD	HOW LONG?
NEAREST RELATIVES NOT LIVING WITH YOU		ADDRESS		RELATIONSHIP	
SELF					
SPOUSE					
HAVE YOU EVER TAKEN BANKRUPTCY?		ARE YOU A DEFENDANT IN ANY LEGAL ACTION?		HAVE YOU EVER HAD ANY ITEM REPOSSESSED?	
<input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		<input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW		<input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN BELOW	
EXPLANATION:					
TRUCK USAGE					
HOW LONG AS OWNER/OPERATOR? YRS	OPERATOR LICENSE NUMBER	STATE	DATE	PURCHASER TO DRIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, PROVIDE INFORMATION BELOW ON PERSON WHO WILL DRIVE TRUCK.	
DRIVER'S NAME (FIRST, M.I., LAST)		ADDRESS			
YEARS OF EXPERIENCE YRS	OPERATOR LICENSE NUMBER	STATE	DATE	SOCIAL SECURITY NUMBER	
TRUCK TO WORK FOR - COMPANY NAME		ADDRESS			
IF TRUCKING - BETWEEN WHAT POINTS				OFF-HIGHWAY USE <input type="checkbox"/> YES <input type="checkbox"/> NO	AVERAGE MILEAGE PER MONTH
FIRE, THEFT, CAC AND COLLISION INSURANCE IS REQUIRED					
NAME OF AGENT		ADDRESS			PHONE NO.
NAME OF COMPANY		ADDRESS			COVERAGE TO BE SUBJECT TO MILEAGE RESTRICTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, RADIUS:

BALANCE SHEET (Attach additional sheets if necessary)			
ASSETS (What you own)		LIABILITIES (What you owe)	
CASH ON HAND & IN BANKS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE			
VEHICLES OWNED		LOANS ON VEHICLES	
		COMPANY	CITY / STATE PHONE NO. ACCOUNT NO.
REAL ESTATE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MORTGAGES ON REAL ESTATE	
Monthly Payment		COMPANY	CITY / STATE PHONE NO. ACCOUNT NO.
OTHER ASSETS (ITEMIZE)		OTHER DEBTS (ITEMIZE)	
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

INCOME STATEMENT			
TIME PERIOD: FROM - TO	GROSS TRUCKING INCOME	OTHER INCOME	DEDUCTIONS & EXPENSES OPERATING PROFIT
		+	- =

CREDIT REFERENCES (List credit references on Paid Accounts)						
1	NAME	CITY	STATE	PHONE NO.	CONTACT / PERSON	ACCOUNT NO. HIGHEST OWING
2						
3						

BANK REFERENCE: NAME	CITY/STATE	ACCOUNT NO.
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For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true, and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition or the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes PFC to make inquiry into, to request, and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors which PFC deems relevant for the granting and collection of the proposed borrowing. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present borrowing, if any is granted. Upon my written request, additional information as to the scope of this inquiry, if one is made, will be provided.

I further represent that neither the undersigned, any principal officer of the undersigned, nor any contemplated operator of any equipment proposed to be purchased has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband; and no such person has been convicted of any felony.

I understand that PACCAR Financial Corp., and/or Seller of motor vehicle, parts or services to whom this application is presented, will be relying on the accuracy of the matters set forth herein as a basis for extending any credit which I may receive.

X Signature Date X Signature Date

FOR OFFICE USE ONLY									
DEALER	CALLED IN BY			DATE	TIME IN	TIME BACK			
<b>SELLING PRICE</b>				<b>COLLATERAL</b>					
Trade in Allowance				<input type="checkbox"/> CONV <input type="checkbox"/> COE	YEAR	MAKE	MODEL		
Amount Owing	-			VEHICLE IDENTIFICATION NUMBER			ENGINE		
Net Allowance	=			TRANSMISSION	SUSPENSION	WHEELBASE			
Cash	+			SLEEPER	OTHER				
<b>TOTAL DOWN</b>				<b>APPROVAL</b>					
<b>AMOUNT TO FINANCE</b>				RATE	TERM	PERCENTAGES			
				%	MOS	DOWN	%	ADVANCE	%
TRADE IN: YEAR	MAKE	FORM COMPLETED BY							
MODEL	VALUE OF TRADE	CALL BACK TO			APPROVED BY				